The Vermont Tobacco Evaluation And Review Board

Annual Report

Prepared for:
Governor James H. Douglas
And
The Vermont General Assembly

January 15, 2009

The Vermont Tobacco Evaluation and Review Board is an independent state board created to work in partnership with the Agency of Human Services and the Department of Health in establishing the annual budget, program criteria and policy development, and review and evaluation of the tobacco prevention and treatment programs. (VSA 18; Ch. 225: § 9504)

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Ninth Annual Report to the Governor and General Assembly
January 2009

EXECUTIVE SUMMARY

Vermont's Comprehensive Tobacco Control Program has had Positive Effects since Implementation in 2001

Adult Smoking Rate
Vermont adults (age 18 and older) smoke at a lower rate (17.6%) than the national average (19.7%). In 2001, Vermont's rate (22.4 %) was equivalent to the national average (22.9%).
Youth Smoking Rate
The prevalence of cigarette smoking among Vermont students in grades 8 through 12 declined from 31% in 1999 to 16% in 2007, a greater decline than the national trend in youth smoking.
Secondhand Smoke Exposure
67% of Vermont smokers with children prohibited smoking in their home in 2007, significantly higher than the rate of 43% in 2001. 77% of Vermont smokers with children had smoke-free policies in their cars in 2007, significantly higher than the rate of 52% in 2001.

Tobacco Use Continues to Damage the Health of Vermont's Citizens

Tobacco use is the most important *preventable* cause of disease and death, costing Vermont over $233 million per year for health care, $72 million of which are direct Medicaid expenditures attributable to cigarette smoking.
Smoking rates among specific populations of Vermonters are higher than the overall adult smoking rate of 17.6%:

- 44% of Vermonters with moderate or severe depression smoke.
- 36% of Vermonters living below 125% of the Federal Poverty Limit (FPL) smoke.
- 27% of Vermonters between the ages of 18-24 smoke.
- 19% of pregnant women smoke.

Vermont will not reach its 2010 goal of reducing the adult smoking rate to 11% with current tobacco control efforts.

Recommendations for Increasing Progress Toward Tobacco Reduction Goals

The Tobacco Evaluation and Review Board reviewed these results and developed plans to increase progress towards Vermont's tobacco use reduction goals. In October 2008, the Board recommended an increase of $1.4 million for a total of $6.7 million in program funds for FY2010 to implement these plans; the Board also addressed several important policy issues. A summary of how these recommendations would address areas of concern appears on the next page. The Board understands that program funding increases may not be feasible in view of current challenges. Strong evidence shows that state tobacco control program expenditures are *cost saving* over time, however; a program budget reduction may jeopardize the health improvements achieved by these programs, and diminish future health care savings in Vermont.

Positive Trends

The Vermont Tobacco Evaluation and Review Board's 2009 Annual Report details the significant progress that the statewide comprehensive tobacco control program has made, particularly in reducing the youth smoking rate and exposure to secondhand smoke. It also documents these other positive trends since 2001:

- The majority of healthcare professionals talk to their patients about smoking.
- Sustained media campaigns combined with community interventions have increased awareness of smoking cessation services.
- More smokers are using nicotine replacement therapy in their quit attempts.
- Most Vermonters are aware of local programs to prevent youth smoking.

Areas of Concern

The Vermont Tobacco Evaluation and Review Board's 2009 Annual Report discusses the following areas of concern:

- Most publicly insured and uninsured Vermonters do not know or are unsure if they are eligible for free nicotine replacement therapy.
- Although healthcare professionals talk to their patients about smoking, most do not refer their patients to a smoking cessation program or recommend medication.
- Although the number of smokers enrolled in Vermont's Quit Network cessation services is increasing, these free services could help more Vermonters who are trying to quit.
- The prevalence of adult cigarette smoking, a major driver of health care costs, is not decreasing at a rate fast enough to achieve Vermont's goal of reducing adult smoking by one-half between 2001 and 2010.

Budget Recommendations

The Vermont Tobacco Evaluation and Review Board recommends an increase of $1.4 million in FY2010 for a total of $6.7 million in Master Settlement Agreement funds in order to:

- Increase availability of nicotine replacement therapy through the Vermont Quit Network.
- Work with the Blueprint for Health Initiative in support of healthcare reminder systems to identify smokers and refer them to cessation resources.
- Tailor and deliver smoking cessation programs to populations with higher smoking rates.
- Sustain community activities that support program goals at the local level.
- Expand efforts to increase the reach, frequency, and duration of media messages.
- Engage youth in leadership and advocacy roles among their peer group and within the community to persuade them to remain tobacco free.
- Support educators to implement model tobacco prevention programs.
- Expand enforcement of tobacco-related laws.

Policy Recommendations

The Vermont Tobacco Evaluation and Review Board recommends the following policy changes during the 2009 legislative session:

- Amend statutes to completely ban smoking in all Vermont workplaces.
- Amend statutes to increase penalties to tobacco licensees for sales to minors and failed compliance checks, and increase penalties to minors for violations of tobacco laws.
- Increase excise taxes for cigarettes and other tobacco products.
- Maintain planned investments in the Tobacco Trust Fund to meet future program needs.

VERMONT'S COMPREHENSIVE PROGRAM

The Vermont Tobacco Control Program was created in FY2001 with the ambitious goal of cutting smoking rates in half in 10 years. The strategy to reach that goal was to implement a research-based, comprehensive program that includes components that the Centers for Disease Control and Prevention (CDC) identified for successful statewide programs.

The seven components of the Vermont Tobacco Control Program are:

1. Tobacco-free community coalitions
2. School-based tobacco use prevention program
3. Services to help smokers quit
4. Statewide training for health care providers
5. Media and public education
6. Enforcement of laws to prevent tobacco sales to minors
7. Evaluation of outcomes and feedback to improve programs

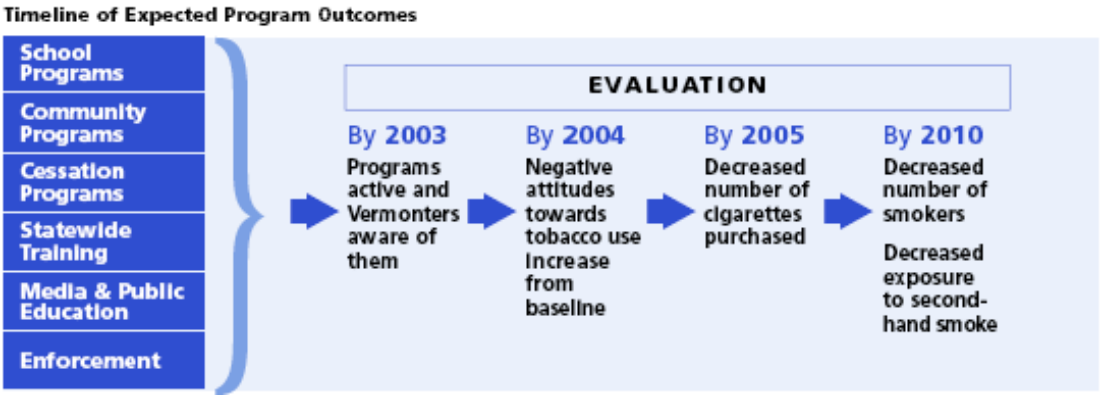
The CDC recently updated *Best Practices for Comprehensive Tobacco Control Programs* which condensed the program into five components. Future tobacco control program work plans and reports will consider this new structure which still utilizes an evidence based, integrated program approach.

The program is funded with Master Settlement Agreement (MSA) funds appropriated to the following:

- Department of Health: community coalitions, smoking cessation services, statewide provider education, surveillance, media, and public education
- Department of Education: school-based tobacco use prevention program
- Department of Liquor Control: enforcement programs to educate retailers about tobacco sales laws and conduct compliance checks to assess adherence to the laws
- Vermont Tobacco Evaluation & Review Board (VTERB): oversees the independent evaluation of the program, approves media campaigns, reviews community coalition applications and recommend grants to fund, holds annual public meetings, provides annual recommendations for program funding, reviews program components and recommends strategies for increased collaboration.

EVALUATION OF VERMONT'S STATEWIDE PROGRAM

At the outset of the program a timeline was developed to provide benchmarks for evaluating progress toward the 2010 goals. Vermont's comprehensive tobacco control program was designed to have all components of the program act synergistically to effect changes in awareness, attitudes, and behaviors that lead to a 50% reduction in smoking by 2010.



The independent evaluation involves two types of tasks. The first focuses on each of the seven program components to assess if they are being implemented as planned and to identify strengths and areas for improvement. The second focuses on the statewide program to determine if program outcomes - the changes in awareness, attitudes, and behaviors - are occurring as expected and as a result of program activities.

EVALUATION OF PROGRAM COMPONENTS

This report provides detailed information regarding the activities conducted and services provided through the tobacco control program. The report also includes evaluation data linking program activities with changes in attitudes and behaviors. The standards against which the program components are assessed are the measurable objectives listed in the *Vermont 2008 & 2009 Tobacco Control Work Plan.* Listed below are a few of the findings, detailed in this report, from the evaluation of each of the program components.

Community Tobacco Coalitions

- In FY2008, coalitions conducted 667 activities. 44% of these focused on youth prevention, 27% on smoking cessation and 28% on reduction to secondhand smoke exposure.
- 71% of non-smokers and 79% of smokers reported awareness of Vermont's community programs that help young people avoid smoking in 2007.

School-based Programs

- 96.1% of schools had a tobacco-free policy in place in FY2008.
- 57.4% of schools provided students with evidence-based tobacco prevention curricula in FY2008.

Services to Help Smokers Quit

- Thousands of new clients were served by smoking cessation programs at Vermont's hospitals (1,609), via telephone through Vermont's Quit Line (1,173) and online through Vermont's QuitNet (776) in FY2008.
- Quit rates for current smokers who used the Vermont Quit Network cessation programs reflect research findings that treatment increases success rates compared to self directed quit attempts. Based on follow up surveys at 3 or 4 months, the 7-day point prevalence was 39.5% for in-person service, 8.9% by phone, and 4.7% online. (This is based on assuming that clients not answering the survey have returned to smoking).

Media and Public Education

- 90% of all Vermonters reported awareness of at least one quit smoking media message in 2007.
- 79% of smokers who heard a radio ad said it made them think about whether or not they should smoke in 2007.

Enforcement of Laws to Prevent Tobacco Sales to Minors

- In calendar year 2008, the Department of Liquor Control (DLC) completed 1,436 compliance checks.
- The rate of compliance (i.e. did not sell to minors) among tobacco licensees was 87% in FY2008 and 89% in calendar year 2008, above the federal requirement of 80% compliance but below the targeted rate of 90% compliance in Vermont.

I. VERMONT TOBACCO CONTROL PROGRAM OVERVIEW

PROGRAM GOALS

The goal of the Vermont Tobacco Control Program is to decrease smoking among adults and youth by 50% between 2000 and 2010. The long-term outcomes expected of the program are therefore the following:

- To reduce the prevalence of smoking among Vermont adults from a rate of 22% in 2000 to a rate of 11% in 2010
- To reduce the prevalence of smoking among Vermont youth from a rate of 31% in 1999 to a rate of 15% in 2010
- To reduce the exposure of all Vermonters to secondhand smoke

Each component of the program is designed to address one or more of the following objectives:

- To prevent youth from smoking
- To help smokers quit
- To reduce exposure to secondhand smoke, especially among children

PROGRAM COMPONENTS AND STRUCTURE

The strategies to reach these goals were detailed in the *Vermont Best Practices to Cut Smoking Rates in Half by 2010*, published by the Vermont Department of Health in January 2000. It was based on the Centers for Disease Control and Prevention's (CDC) *Best Practices for Tobacco Control* that calls for a comprehensive, research-based program that includes multiple components.

The Vermont Tobacco Control Program includes the following seven components:

1. Tobacco-free community coalitions
2. School-based tobacco use prevention program
3. Smoking cessation services
4. Statewide training programs for health care providers
5. Media and public education
6. Enforcement of laws to prevent tobacco sales to minors
7. Evaluation

Consistent with the recent revision to the CDC *Best Practices,* the strategy of the program is to integrate these components at the statewide and the local level in order to reinforce the activities and messages of each and to achieve synergism. When the Legislature established the Tobacco Control Program effective FY2001, it appropriated funds for each of the above components. The four entities charged with implementing and evaluating the program are the Departments of Health, Education, Liquor Control, and the Vermont Tobacco Evaluation & Review Board. See Exhibit 1 for the overview of the structure of the Vermont Tobacco Control Program. If a department contracts the program out, the contractor is identified in parentheses next to the program.

Exhibit 1: Structure of Vermont Tobacco Control Program

DEPARTMENT OF HEALTH

Cessation Services to Help Smokers Quit

- The Vermont Quit Network
  - "Quit by Phone": free telephone counseling (American Cancer Society)
  - "Quit in Person": free group & individual counseling at 13 hospitals (Fletcher Allen Health Care)
  - "Quit Online": free interactive, secure website that provides individual smoking cessation plans, information about quitting and Vermont smoking cessation services (Healthways, Inc.)
  - Nicotine Replacement Therapies (NRT): free or discounted NRT shipped directly to smokers enrolled in any of the Quit Network programs
- Not-On-Tobacco Program: teen smoking cessation (American Lung Association of VT).
- Health care provider training programs (John Snow International)

Media and Public Education

- Campaigns: youth prevention, promotion of cessation services & reducing exposure to secondhand smoke (Kelliher Samets Volk)

Tobacco-Free Community Coalitions

- 20 community coalition grantees (see exhibit 14)

Youth Empowerment

- Vermont Kids Against Tobacco (VKAT) and Our Voices Exposed (OVX): middle & high school anti-tobacco groups, mini-grants funded by CDC

Surveillance and Evaluation

- Surveys: conduct general health and tobacco-specific surveys of youth and adults
- Program data: report by each grantee and contractor

DEPARTMENT OF EDUCATION

Tobacco Use Prevention Program

- Grant allocations available to supervisory unions for part-time coordinator to promote research-based curricula, model tobacco-free policy and link community and family to tobacco prevention initiatives
- Program data: report by each tobacco use prevention coordinator

DEPARTMENT OF LIQUOR CONTROL

Retailer Training and Compliance Checks

- Training: seminars for retail managers and clerks
- Compliance: checks on randomly selected tobacco licensees
- Governor's Youth Leadership Conference: tobacco track
- Program data: training and compliance databases to monitor results

TOBACCO EVALUATION AND REVIEW BOARD

- Independent evaluation: selects contractor and oversees work
- Annual report: describes program progress and areas for improvement
- Budget: makes annual recommendation to Governor and Legislature
- Media: approves all campaigns
- Public meetings: implements annual meetings for input on program and budget
- Community coalitions: reviews grant applications and submits funding recommendations to Commissioner of Health
- Program work plan: jointly establishes with the Department of Health a 2-year plan and goals and develops program strategies and objectives annually with the three departments

PROGRAM FUNDS

Annual State Funds

The principal source of funding for the Vermont Tobacco Control Program is from a portion of the Master Settlement Agreement (MSA) payments made annually to the state by the major tobacco companies in settlement of the multi-state civil law suit. Vermont has received MSA payments of approximately $25 million in most years since FY2000. Additional funding of Strategic payments of about $14 million is expected in FY2009 and FY 2010, which bring the total payments to approximately $39 million.

Vermont's FY2009 tobacco control program budget is $5.2 million (13% of anticipated FY2009 MSA and Strategic payments). See exhibits 2a and 2b for line item appropriations. In October 2007, the Centers for Disease Control and Prevention (CDC) recommended that Vermont spend double the current budget - $10.4 million – on comprehensive tobacco control.[1] Research shows that the more states spend on comprehensive tobacco control programs, the greater the reduction in smoking. The longer states invest in such programs, the greater the impact. States that invest more fully in comprehensive tobacco control programs have seen cigarette sales drop more than twice as much as in the United States as a whole, and smoking prevalence among adults and youth has declined faster as spending for tobacco control programs has increased. A recent peer-reviewed report concluded that state tobacco control expenditures are independently associated with overall reductions in adult smoking prevalence.[2]

External Funds

In addition to state funds, the Vermont Department of Health (VDH) receives a grant of approximately $1 million annually from the CDC for tobacco control. This is largely devoted to personnel and overhead, with some funds for special initiatives including the youth empowerment programs, Vermont Kids Against Tobacco and Our Voices Xposed. In addition, VDH used CDC funding to develop at the 2007 plan *Bridging the Gap: Partnering to Address Tobacco Disparities in Vermont* and implement interventions among low income and mentally ill populations. VDH applied to renew a 5 year CDC grant project which begins March 28, 2009.

Long-term Funding

In 1999, the Legislature and Governor created the Tobacco Task Force and charged it with developing a comprehensive plan for use of the MSA funds. The task force held hearings throughout the state to ascertain how Vermonters wanted to spend the annual MSA payments. The task force recommended the following annual allocation of MSA funds:

- 33% - Tobacco Control Program
- 33% - Health Access Trust Fund
- 33% - Tobacco Trust Fund (for a sustainable source of funds for the tobacco control program that is not dependent on the tobacco industry)

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[1] Best Practices for Comprehensive Tobacco Control Programs, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, October 2007.

[2] Matthew C. Farrelly, et al. *The Impact of Tobacco Control Programs on Adult Smoking*, American Journal of Public Health, Volume 98(2):304-309.

The first MSA payment of $10.2 million was made in FY1999 and was appropriated to the Tobacco Trust Fund. An additional $6 million was appropriated to it in FY2000 and $3 million in FY2001. The Tobacco Trust Fund balance on June 30, 2001 was $21.6 million. No additional appropriation has been made to the fund since then, although the fund accrues investment earnings. Budget rescissions and other legislative decisions in FY2008 reduced the trust fund balance. Lawmakers appropriated $650,000 of the trust fund principal to Catamount Health and $3.2 million of interest to Medicaid. In addition, another $3 million was moved to the general fund during rescission in the fall. The trust fund balance as of November 30, 2008 was $28,206,472.59. In response to the lack of Tobacco Trust Fund allocations and the use of the Fund not related to the tobacco control program, the Vermont Tobacco Evaluation and Review Board (VTERB) issued the following statement:

The Vermont Tobacco Evaluation and Review Board (VTERB) opposes diversion of funds from the Tobacco Trust Fund to meet other State needs because of the risk such actions pose to long-term funding of the State's comprehensive tobacco control program. This risk is amplified by the lack of contributions to the Fund in recent years.

The Tobacco Trust Fund was established by the Legislature to create a self-sustaining source of support for the State's tobacco prevention and cessation programs which is not dependent on tobacco sales volume (18 V.S.A., section 9502). Tobacco use is the single most important cause of preventable disease and early death in the United States. Support for Vermont's comprehensive tobacco control programs has a positive impact on the well-being of the State because of the significant amounts of serious diseases prevented and health costs averted due to reduced tobacco use. Long-term support for these programs should not be compromised in response to short term fiscal issues. The Board urges policy makers to consider the overall health and economic interests of Vermonters and seek more sustainable sources to meet the State's current needs.

The VTERB is an independent board established by and accountable to the Legislature for evaluation and review and recommendation of funding levels for tobacco prevention, cessation, and control programs supported by the State of Vermont.

Appropriations for the Tobacco Control Program, FY2001-FY2004

TOBACCO CONTROL PROGRAM	July 2000 – June 2001 **FY 2001** *	July 2001 – June 2002 **FY 2002** Original	Adjusted**	July 2002 – June 2003 **FY 2003**	July 2003 – June 2004 **FY 2004****
DEPARTMENT OF HEALTH					
Community Coalitions	$1,356,000	$1,100,000	$1,045,148	$1,023,624	$1,023,624
Media & Public Education	1,275,000	1,000,000	263,987	766,100	935,042
Cessation Services	1,275,000	1,275,000	502,104	1,050,000	1,181,105
Statewide Provider Education	236,000	200,000	18,756	75,000	187,008
Evaluation: Surveys + Ind. Evaluation	688,000*	600,000	145,166	320,000	561,025
Department of Health Total	**4,830,000**	4,175,000	**1,975,161**	**3,234,724**	**3,887,804**
DEPARTMENT OF EDUCATION Grants to schools for prevention	**1,200,000***	925,000	**925,000**	**878,980**	**879,482**
DEPT OF LIQUOR CONTROL Retailer training & compliance checks	**309,000**	309,000	**309,000**	**318,973**	**318,973**
TOBACCO EVALUATION BOARD	**125,000**	125,000	**125,000**	**100,000**	**125,000**
PROGRAM TOTAL	**$6,464,000**	$5,534,000	**$3,334,161**	**$4,532,677**	**$5,211,259**

* FY01: $412,500 was cut from the FY01 appropriation for evaluation in Budget Adjustment due to the reduction in the MSA payment (A penalty for the delay in Vermont's passage of the Non-Participating Manufacturers' (NPM) provision). This delayed the start of the independent evaluation contract until February 2002. In addition, some positions were not yet approved for the Department of Education tobacco prevention program.

** FY02: Rescissions for budget deficit prevention required the Department of Health to shift all of their FY02 grants and contracts from a calendar year to the state fiscal year, and to absorb some reductions in program funding.

***FY04: $500,000 of the FY04 appropriation is one-time General Funds; the remaining amount in FY04 and all other tobacco control program funds from MSA.

Exhibit 2b: Appropriations for the Tobacco Control Program, FY2005 – FY 2009

Appropriations for the Tobacco Control Program, FY2005 – FY 2009

TOBACCO CONTROL PROGRAM	July 2004 – June 2005 **FY 2005**	July 2005 – June 2006 **FY 2006**	July 2006 – June 2007 **FY 2007***	July 2007 – June 2008 **FY 2008****	July 2008 – June 2009 **FY 2009*****
DEPARTMENT OF HEALTH					
Community Coalitions	$1,023,624	$1,023,624	$1,023,624	$1,023,624	$1,023,624
Media & Public Education	926,053	1,007,799	1,007,799	1,007,799	1,007,799
Cessation Services	1,130,000	1,130,000	1,290,255	1,400,211	1,400,211
Statewide Provider Education	0	0	75,000	75,000	75,000
Evaluation: Surveys + Ind. Evaluation	320,000	320,000	333,000	333,000	333,000
Department of Health Total	**3,399,677**	**3,481,423**	**3,728,940**	**3,839,634**	**3,839,634**
				+up to $500,000	**+ up to $100K**
DEPARTMENT OF EDUCATION Grants to schools for prevention	**878,980**	**984,007**	**995,668**	**995,668**	**995,668**
DEPT OF LIQUOR CONTROL Retailer training & compliance checks	**290,000**	**289,763**	**289,763**	**289,645**	**289,645**
TOBACCO EVALUATION BOARD	**100,000**	**100,000**	**100,000**	**100,000**	**100,000**
PROGRAM TOTAL	**$4,668,657**	**$4,855,193**	**$5,114,371**	**$5,224,947**	**$5,224,947**

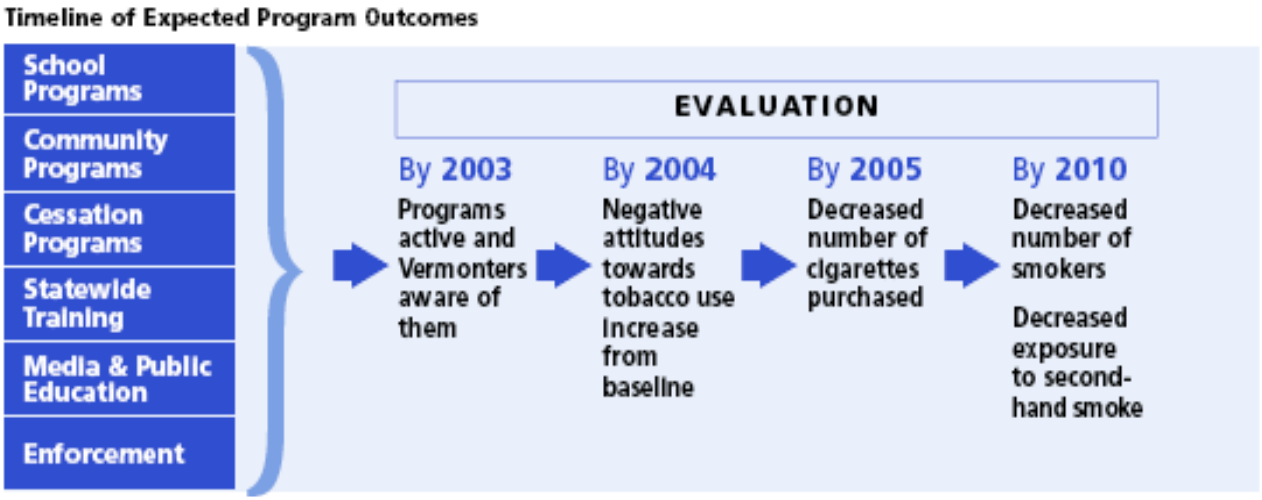
* FY07 and FY08: Department of Health total includes $543,696 (FY07) and $1,059,409 (FY 08) from Global Commitment Funds.
**FY08: If Strategic Contribution Fund (SCF) is greater than $13 million but less than $13.5 million, then up to $500,000 shall be appropriated to the Department of Health for tobacco programs. If SCF is $13.5 million or greater in FY08, then $500,000 shall be appropriated to the Department of Health for tobacco programs.
***FY09: If Strategic Contribution Fund is greater than $13 million in FY09, then $100,000 shall be appropriated to the Department of Health for tobacco programs. $110,000 of Department of Health cessation budget shall be used for programs that serve pregnant women. Under a Memorandum of Understanding, a transfer of funds from the Department of Health to the Tobacco Evaluation and Review Board within the Agency of Human services was authorized in the amount of $233,309. The Board will use these funds for paying the independent contractor for the services performed and for managing the evaluator's contract.

II. EVALUATION OF THE COMPREHENSIVE PROGRAM

TIMELINE OF EXPECTED PROGRAM OUTCOMES

The *Timeline of Expected Program Outcomes* was established for a comprehensive tobacco control program in Vermont before the program was funded (Exhibit 3). It was based on the outcomes achieved by comprehensive tobacco control programs in other states, and was reviewed by the Board's Evaluation Committee after the Centers for Disease Control and Prevention (CDC) published the *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs* in November 2001. While it is very difficult to predict exactly when each step will occur, the timeline was developed to provide benchmarks for evaluating progress toward the 2010 goals.

Exhibit 3: Timeline of Expected Program Outcomes



Program Outcomes

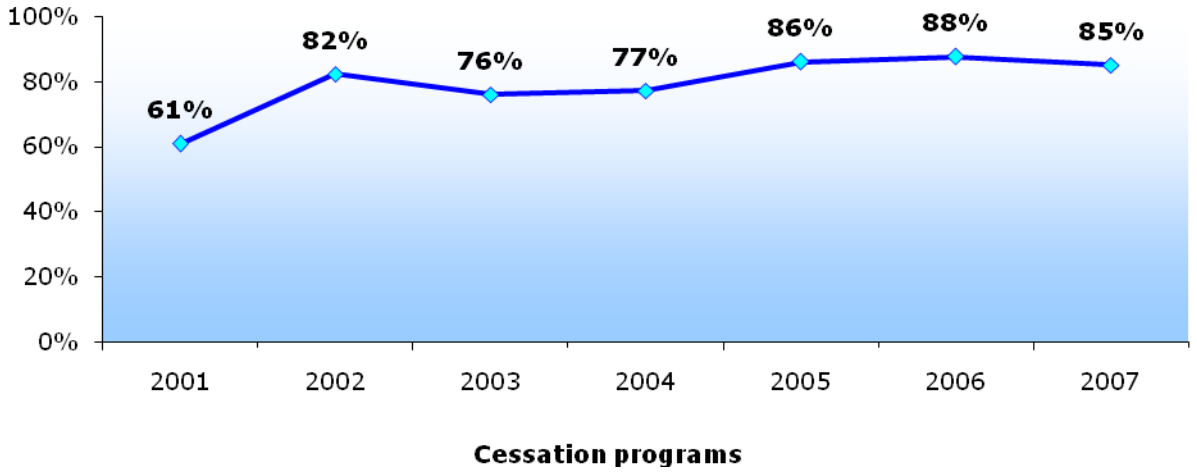
The program evaluation does not link individual program components with specific outcomes. For example, we would not expect that reductions in youth smoking are solely the result of school-based programs. Rather, the comprehensive tobacco control program has been designed to have all of the components of the program act synergistically to produce the expected outcomes. To assess the impact of the entire program, the independent evaluation has been tracking results for each of the outcomes shown in the timeline:

- Awareness of program services and messages
- Attitudes toward smoking
- Consumption of cigarettes
- Prevalence of smoking among youth
- Prevalence of smoking among adults
- Exposure to secondhand smoke among all Vermonters

AWARENESS OF PROGRAM SERVICES IS CONTINUES TO BE HIGH

According to the timeline, by 2002 all of the component programs should have been fully implemented, and Vermonters should have been aware of the program by 2003. Between 2001 and 2002, awareness of program services and messages rose sharply. Since 2005, the rate of awareness has remained steady, ranging between 85% and 88%. As shown in Exhibit 4, the majority of Vermont smokers reported awareness of cessation programs in their area (85%) in 2007. This is a significant increase from 2001 (61%).

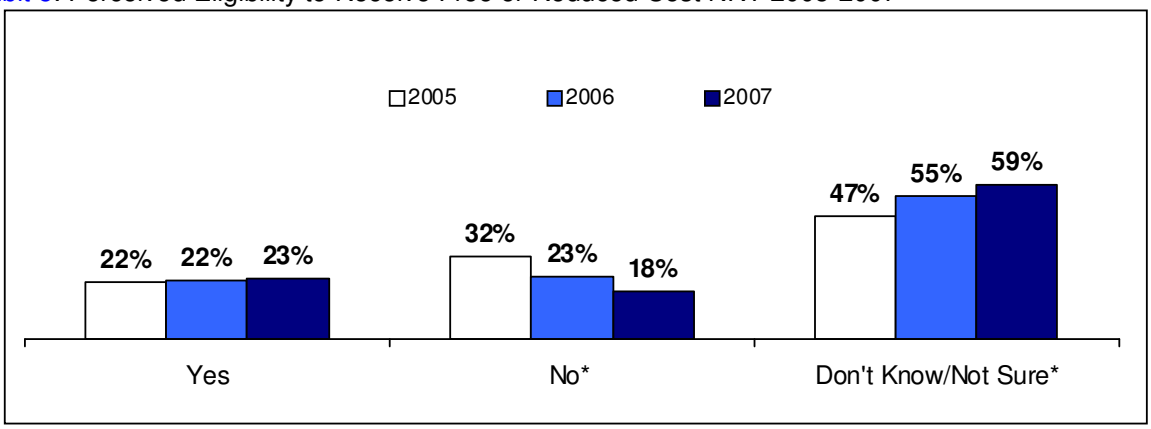
Exhibit 4: Awareness of Assistance to Help Quit Smoking among Smokers (VT ATS)



In 2007, respondents consistently reported higher recognition of programs than specific events. Awareness among Vermonters was highest for programs that help adults quit smoking (nearly nine out of ten). Three-quarters were aware of programs that help prevent youth smoking and two-thirds were aware of programs that encourage people not to smoke around children.

All Vermonters are eligible to receive free Nicotine Replacement Therapy (NRT) to aid in their cessation efforts. Less than one-quarter of current smokers thought they were eligible for free or reduced cost NRT (23%) and a majority did not know their eligibility status (59%). (See Exhibit 5). Knowledge of eligibility has not changed significantly over time but the proportion who did not believe they were eligible has shifted to not being sure about their eligibility. Also, the number of people who did not think they were eligible has declined by nearly half and the proportion that are unsure has increased by a similar amount.

Exhibit 5: Perceived Eligibility to Receive Free or Reduced Cost NRT 2005-2007



ATTITUDES TOWARD SMOKING MAY BE SOFTENING

According to the timeline, Vermonters' attitudes toward tobacco should have been significantly more negative by 2004. In fact, changes in those attitudes were apparent by 2002. However, ATS data suggest that negative attitudes toward tobacco seem to have softened over time. There appears to be a small but growing number of people with permissive, or at least indifferent, attitudes toward adult smoking.

Attitudes among Youth

According to the 2006 Youth Health Survey (YHS), 43% of middle school students believe that a significant proportion of high school students currently smoke cigarettes. Although this is a significant improvement from 2000 when 62% of middle school students believed most high school students smoke, it is an increase from the 37% who believed it in 2004.

With regard to youth in grades 6 through 12, seventy-four percent of students believe smoking does not make you look cool. The majority (63%) of these students believe that smoking for a year or two is not safe and 78% of them are aware that secondhand smoke is unhealthy.

Attitudes among Adults

Very few Vermonters think it is OK for adults to smoke. Two-thirds believed that adults *definitely should not* smoke (66%). Nearly half believed that the community thinks the same (46%). One in five Vermonters said the community thinks it is OK to smoke sometimes or as much as one wants (19%), but only 14% personally believed that. Ideally, over time the proportion of people who think it is OK for adults to smoke as much as they want would decrease. In 2007, the proportion decreased again for the first time since 2005. The decline from 2006 to 2007 was statistically significant.

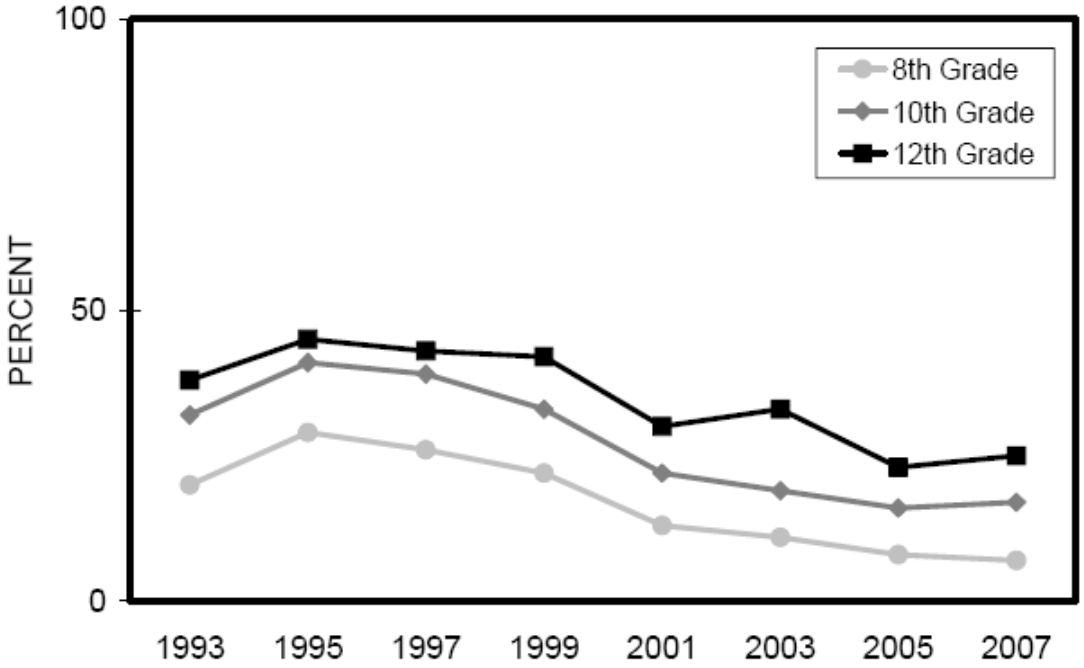
Also striking was that three-quarters of non-smokers think adults should definitely not smoke (76%), but just 30% of smokers said the same. When it comes to personal views of smoking, men, 18-24 year-olds, and those with low incomes were more likely to think it is OK for adults to smoke as much as they want (12% of men, 18% of 18-24 year olds and 13% of low income Vermonters).

YOUTH SMOKING PREVALENCE VIRTUALLY AT GOAL

Vermont set a goal of reducing the prevalence of youth smoking from 31% in 1999 to 15% in 2010. The percentage of Vermont students in grades 8 through 12 who

reported, in the Youth Risk Behavior Survey (YRBS), smoking on at least one of the past 30 days fell from 31% in 1999 to 16% in 2005 and remained at 16% in 2007 (Exhibit 6). This is a decline of 48% since the tobacco control program began. Vermont has virtually met the goal of a 50% reduction in youth smoking, in just five years rather than the anticipated 10 years and resetting the youth prevention goal will be considered in the development of the 2010 & 2011 Vermont Tobacco Control Work Plan. According to RTI, youth smoking rates have decreased significantly in Vermont and the rate of decline has been considerably greater than the rate of the rest of the U.S. However, the smoking rate among 12th grade Vermont students remains high.

Exhibit 6: Smoking Prevalence among Vermont Youth by Grade, 1993 – 2007 (VT YRBS)



OVERALL ADULT SMOKING PREVALENCE DECLINES

From 2003 to 2005, the overall smoking rate among all adults (age 18 and older) ranged from 19.3% to 20%. The adult smoking rate dropped to 18% in 2006, the first significant decrease from 2001 when the tobacco control program began. According to RTI, however, there is no evidence that the rate of decline in Vermont is greater than in the rest of the country (Exhibit 7). Vermont is not likely to make the goal of reducing the adult smoking rate to 11% by 2010 with current efforts.

Some populations experience a disproportionate health and economic burden from tobacco use, according to the Centers for Disease Control and Prevention. In Vermont, 36% of those living below 125% of the Federal Poverty Limit smoke, as well as 44% of those with moderate of severe depression. Pregnant women in Vermont also have an elevated rate (19%). Additional investments are needed to address those disparately impacted by tobacco use and to increase adult smoking cessation rates.

Exhibit 7: Current Smoking in Vermont, Neighboring States and the Rest of the United States

Year	VT	MA	NH	NY	US
2000	21.5%	19.9%	25.3%	21.6%	23.2%
2001	22.4%	19.5%	24.1%	23.2%	22.9%
2002	21.1%	18.9%	23.2%	22.3%	23.1%
2003	19.5%	19.1%	21.2%	21.6%	22.0%
2004	20.0%	18.5%	21.7%	19.9%	20.8%
2005	19.3%	18.1%	20.4%	20.5%	20.5%
2006	18.0%	17.8%	18.7%	18.2%	20.0%
2007	17.6%	16.4%	19.3%	18.9%	19.7%

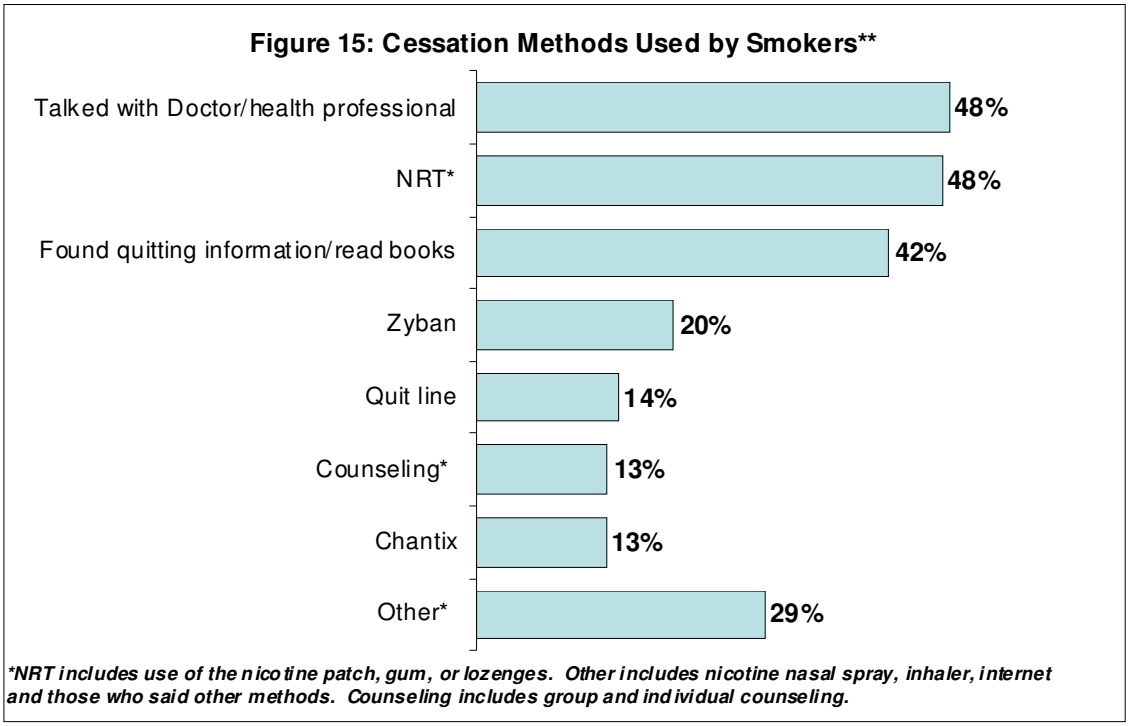
Quitting Smoking: Reasons, Attempts, and Methods

Concern over the health effects of smoking has consistently been the top reason given for trying to stop smoking (84% in 2007). This was closely followed by concerns over the cost of smoking and encouragement from others (67% and 61% respectively). Approximately two-fifths tried to quit on their doctor's advice (42%) or due to concerns of how smoking will affect children (either directly affecting them (41%) or encouraging them to smoke (37%)). One-third cited a specific health problem (32%) and one fifth cited the availability of free Nicotine Replacement Therapy (NRT) (21%).

In 2007, 71% of current smokers who tried to quit in the last year or recently quit did so on their own without help during a quit attempt; 58% tried to quit without help in their most recent quit attempt. Those quitting on their own, without help in any quit attempt and their most recent attempt decreased from 2006 to 2007 (76% and 64% respectively in 2006 but neither of these changes were significant). Also, the decrease from 2001 to 2007 was also not significant for those quitting on their own in any attempt (76% in 2001).

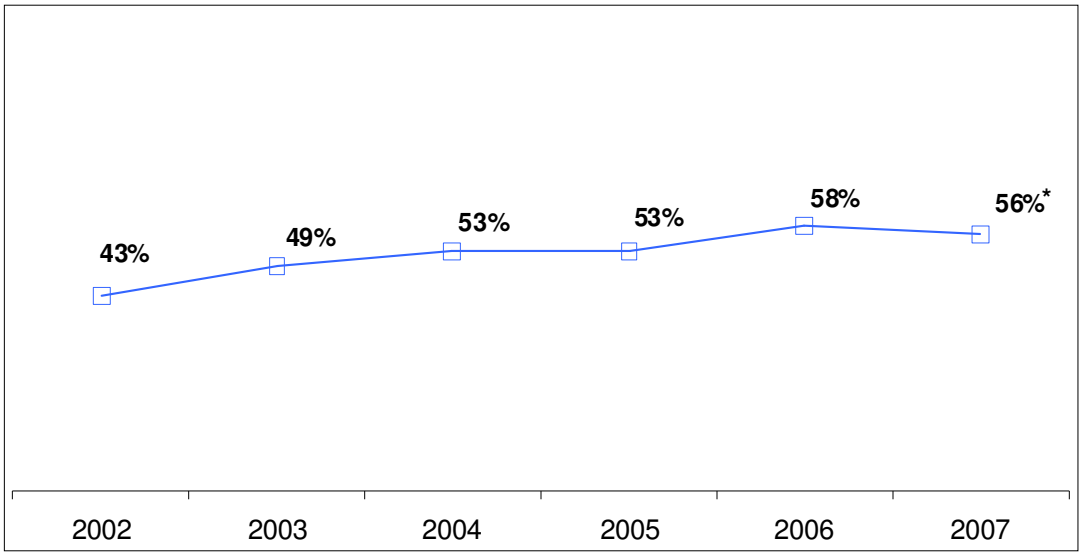
Since 2001, the three most popular cessation assistance methods have been: talking with a doctor/health care provider, NRT, or simply finding quit information or reading books. In 2007, these methods were utilized twice as often as any other method. Nearly half talked with a health care professional or used NRT (48% each). Just slightly fewer found quitting information or read books (42%). Nearly a third said they used "other" cessation methods (29%), while a fifth used Zyban (20%). The three cessation methods reported least often were the Quit Line (14%), counseling and Chantix (13% each).

Exhibit 8: Quitting Smoking: Methods (VT ATS)



For those Vermonters quitting smoking, the use of NRT or other medications combined with counseling is effective. However, using NRT alone supports quitting smoking. A majority of current smokers (56%) had 'ever' used NRT, Zyban, Wellbutrin or Chantix in an attempt to stop smoking (see Exhibit 9). This proportion did not change from 2006 to 2007; however, it has significantly increased from 2002 to 2007.

Exhibit 9: Current Smokers who've Ever Used NRT (VT ATS)

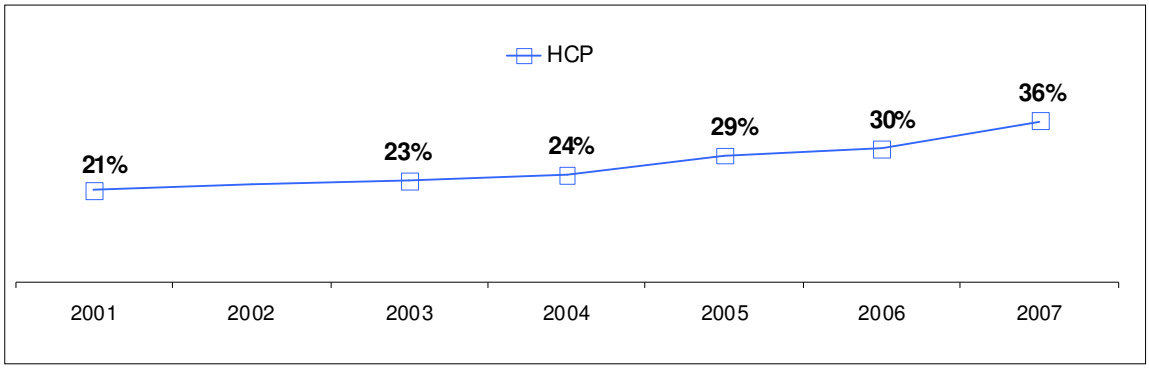


Health Care Providers: Need to Refer More Smokers to Cessation Services

An important point of intervention for smoking cessation is via health care providers. Nearly three out of four current smokers had seen a health care professional in the last

year (71%), and a majority had been to the dentist in the previous 12 months (55%). Tobacco use screening with brief physician intervention is one of the three highest ranking preventive services in both cost effectiveness and reducing adverse health events. More than four out of five current smokers who saw a physician said they were asked whether they smoke (82%). Approximately two-thirds reported their health care professional talked with them about smoking (62%) and/or advised them to quit (68%). Only 36% were recommended a specific quit program by their doctor and 17% were asked to set a quit date by their health care provider. This percentage has increased significantly from 2001, but it is still low (Exhibit 10).

Exhibit 10: Current Smokers Who Were Recommended a Specific Medicine or Program by their Health Care Provider (HCP) in the Past 12 Months. 2001 – 2007 (VT ATS)

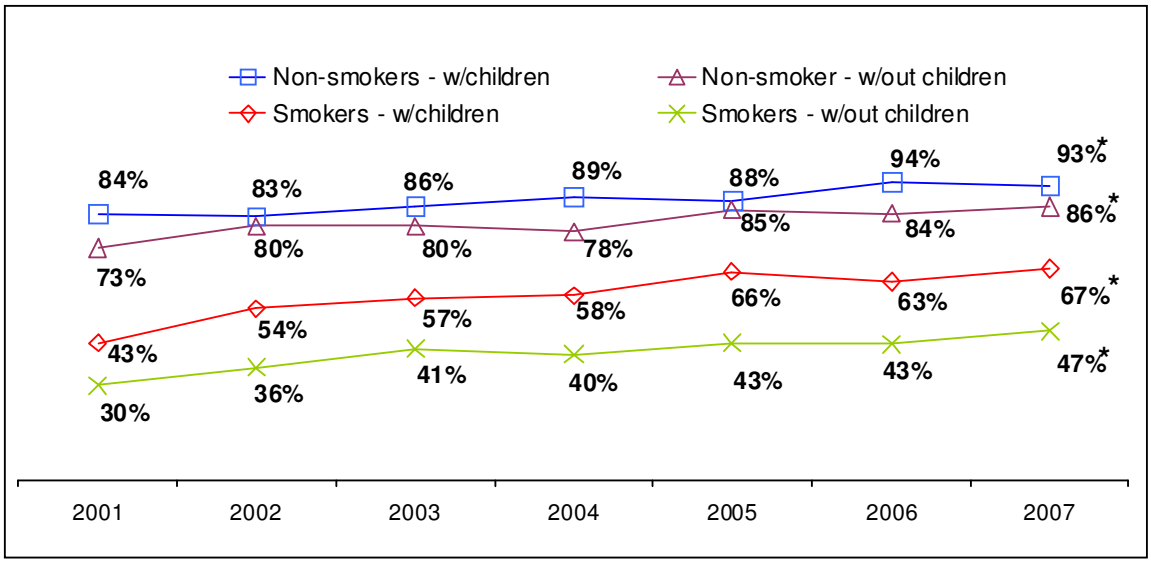


EXPOSURE TO SECONDHAND SMOKE DECLINES

VDH has been promoting smoke-free zones, specifically around children through the annual media campaign, amplified by community coalition interventions occurring while mass radio or television is aired. The campaign's call to action promotes quitting smoking or creating smoke-free zones in homes and cars.

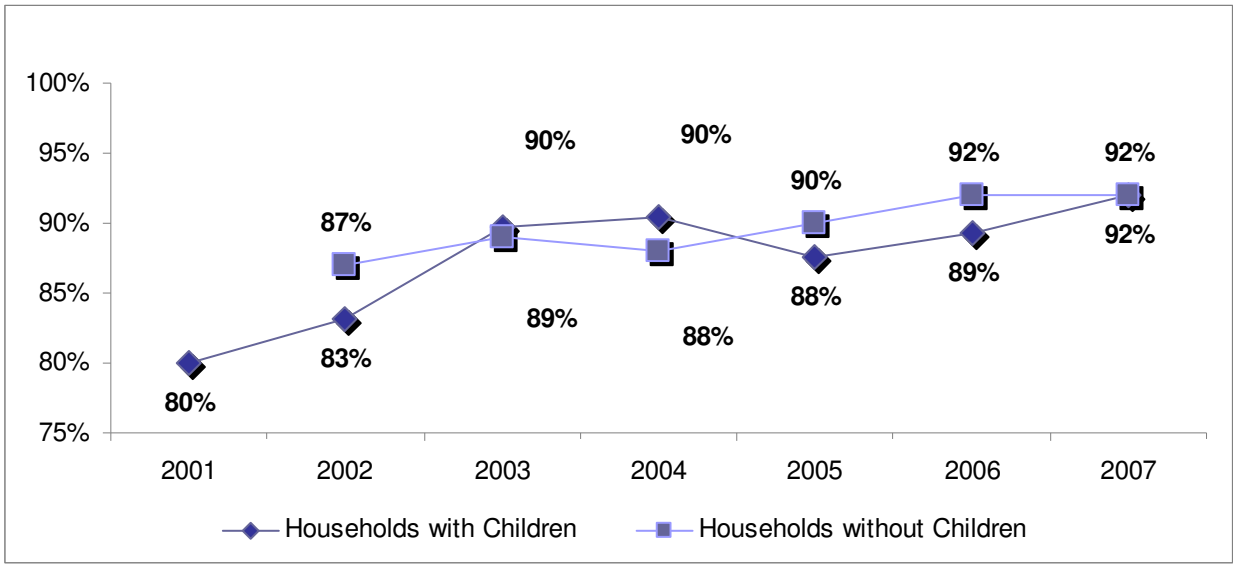
Over time, there have been significant and consistent increases in household smoking bans among Vermonters. Nearly nine out of 10 Vermonters with children said they do not allow smoking anywhere inside their home (87%). In households without children, three out of four do not allow smoking in the home (78%). Sixty-seven percent of Vermont smokers with children prohibited smoking in their home in 2007, significantly higher than the rate of 43% in 2001. Exhibit 11 shows home smoking ban data broken out by smoking status. As with all Vermont adults, the proportions that report not allowing smoking in their home increased significantly from 2001 to 2007.

Exhibit 11: Percentage of Vermont Smokers and Non-Smokers Reporting Smoke-Free Policies in the Home 2001 – 2007 (VT ATS)



Nine out of ten Vermont adults report they do not allow smoking in their vehicle. 77% of Vermont smokers with children had smoke-free policies in their cars in 2007, significantly higher than the rate of 52% in 2001. Exhibit 12 shows the increasing proportion of Vermonters with and without children who have smoking bans in vehicles. Between 2002 and 2007, the increase was statistically significant.

Exhibit 12: Percentage of Vermonters with Smoke-Free Policies for Cars, 2001 – 2007 (VT ATS)



III. EVALUATION OF PROGRAM COMPONENTS

TOBACCO-FREE COMMUNITY COALITIONS

There are currently twenty (20) tobacco-free community coalitions funded by the Department of Health (see Exhibit 14). Grants for coalitions are awarded on a competitive basis for a two year timeframe. Many of the current coalitions have been funded since FY2001 and are well established in their communities; the other grantees have received awards for several years. Although most towns in Vermont are served by a coalition, there are gaps in service. Two capacity building grant awards were awarded to address this issue in the Burlington and the White River Junction communities as a result of the 2008 grant application process.

Goals

The goals of the coalitions mirror those of the statewide Tobacco Control Program:

- To prevent young people from starting to smoke
- To link people with resources and services to help them quit smoking
- To reduce the exposure of all Vermonters to secondhand smoke

Community coalitions tailor strategies and activities to address each goal based on local needs and resources. In January 2003, the Department of Health (VDH) implemented a recommendation of the independent evaluation contractor, Research Triangle Institute (RTI), to require all community coalitions to participate in common theme campaigns. Coalitions design and conduct activities at the local level that complement the theme of the statewide media campaign airing during a specified period. Common theme campaigns strengthen the core message (see Media and Public Education in this section) by delivering it through multiple channels statewide during a designated period.

Community Coalition Activities

In FY2006, the community coalition reporting forms were revised to collect data that would provide a more accurate picture of the mix of coalition activities across the statewide program goals. Because coalitions were able to report a coalition activity in more than one program goal prior to FY2006, VDH and RTI agreed to develop a system that attributed each activity to one program goal. In FY2008, community coalitions conducted 667 activities addressing all three tobacco control program goals. Of these activities, 43.5% addressed youth prevention, 27% addressed smoking cessation and 28.3% addressed secondhand smoke (see Exhibit 13). VDH has provided technical assistance, training, and grant requirements to support a shift in efforts toward a balanced mix of cessation, prevention, and secondhand smoke activities, but this remains a key focus for future program development. RTI is currently evaluating how coalitions operate by interviewing coalition representatives which may lead to future recommendations to improve the balance of effort in the three program goal areas.

Collaboration

Although the coalition activities are disproportionately geared toward youth prevention, the coalition data show considerable collaboration with a wide variety of organizations. Educational organizations, such as schools and colleges have been the most frequent type of collaborator. Nearly every coalition collaborated with an educational organization to conduct 429 of the 876 activities completed in FY2009. Healthcare organizations and providers have also been frequent collaborators, working with 253 of the 876 activities in FY2009.

A vast majority of coalitions also collaborated with state agencies such as the Department of Liquor Control, and other law enforcement organizations. A large number of collaborators have not yet been classified. RTI recommends a review by VDH to provide a more accurate understanding of the types of organizations that community coalition work with to conduct tobacco control activities. Under the FY08 grant objectives for coalitions, VDH expects coalition membership to include individuals or representatives from organizations serving low income Vermonters and mental health services. By engaging these new collaborator groups, interventions can support efforts to reduce the tobacco use among these populations.

During FY2007, nineteen tobacco coalition coordinators completed the Community Capacity Assessment Survey to help provide a developmental snapshot of each coalition. After completing the survey, each of the coalitions worked with one of two VDH consultants to assess survey results. The contractors offered technical assistance to strengthen and increase each coalition's active membership and to assist them in operating at the fullest potential within their community. Coalition coordinators utilized feedback from the contractors to develop objectives and activities in their FY2008 work plan, specifically to enhance coalition membership and address populations with disparately high smoking rates.

Exhibit 13: Community Coalition Activities by Program Goal Addressed, FY2006 – FY2008.

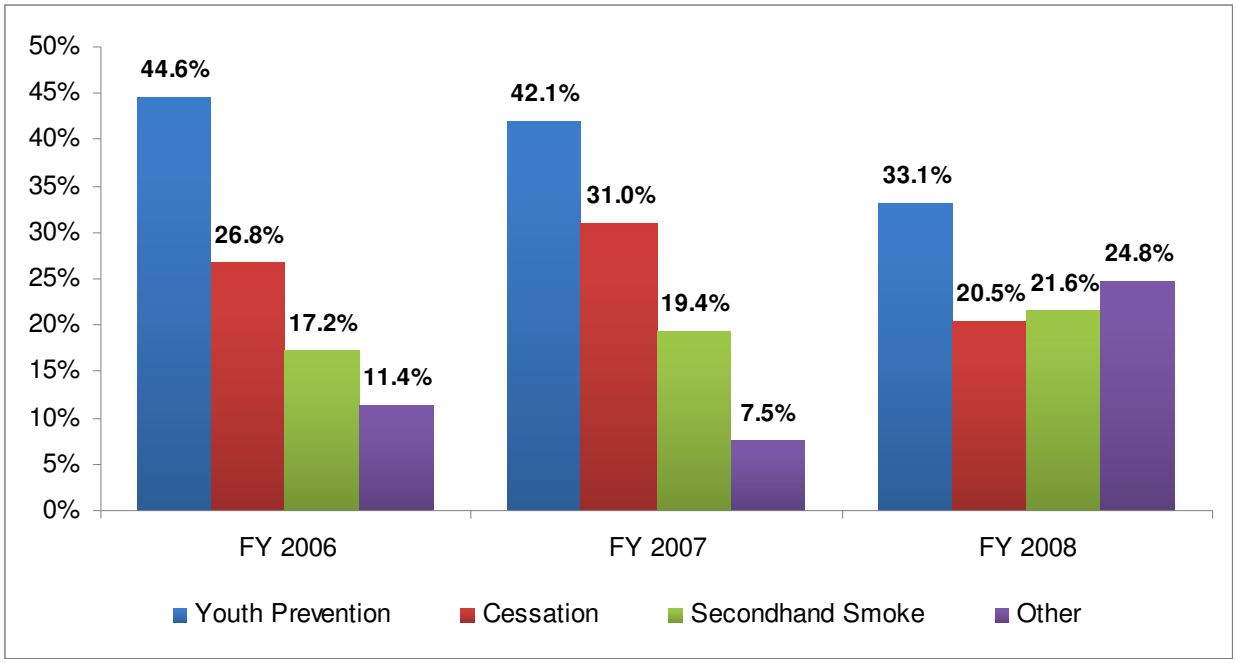


Exhibit 14: Community Coalition Grants, FY2009

#	Type of Grant	FY2009 Tobacco Coalition	Fiscal Agent	FY 09 Budget
1	Implementation	Addison County Tobacco Round Table	Community Health Services of Addison County	**$57,000**
2	Capacity Building	Burlington Partnership for a Healthy Community	Northeast Family Institute	**$28,000**
3	Implementation	Central Vermont New Directions	Washington Central Friends of Education	**$65,000**
4	Implementation	Chittenden East Community Partnership	Chittenden East Supervisory Union	**$55,000**
5	Implementation	Communities Against Tobacco (Brattleboro)	Southern VT Health Services	**$55,000**
6	Implementation	Community Coordinating Council (Caledonia/So. Essex Tobacco Advisory)	Northeastern VT Regional Hospital	**$44,000**
7	Implementation	Connecting Youth in Chittenden South	Chittenden South Supervisory Union	**$40,000**
8	Implementation	Essex CHIPS	Essex CHIPS	**$59,000**
9	Implementation	Franklin Grand Isle Tobacco Prevention	Northwestern Medical Center	**$65,000**
10	Implementation	Gifford Medical Center Community Tobacco Free Coalition	Gifford Medical Center	**$33,352**
11	Implementation	Lake Region Community Action Network	North Country Hospital	**$49,015**
12	Implementation	Lamoille Valley Tobacco Task Force	Copley Professional Services Group, Inc	**$53,000**
13	Implementation	Milton Community Youth Coalition	Milton Family Community Center	**$44,000**
14	Implementation	Mt Ascutney Prevention Partnership	Mount Ascutney Hospital Community Health Foundation	**$58,000**
15	Implementation	New Directions for Barre	New Directions for Barre	**$48,500**
16	Capacity Building	Ottauquechee Community Partnership	Ottauquechee Community Partnership	**$28,000**
17	Implementation	Rutland Area Prevention Coalition	Rutland Community Programs	**$57,000**
18	Implementation	Springfield Tobacco Options & Prevention	Health Care and Rehabilitative Services	**$57,000**
19	Implementation	The Collaborative	Mountain Communities Supporting Education	**$58,000**
20	Implementation	Tobacco Free Community Partners	Center for Restorative Justice	**$60,000**
			Total Implementation	**$957,867**
			Total Capacity Building	**$56,000**
			Total FY09 Grants	**$1,013,867**

YOUTH EMPOWERMENT PROGRAMS

The Vermont Department of Health (VDH) administers two statewide anti-tobacco programs that promote positive youth development through peer leadership and youth empowerment in addressing the problems of tobacco use. As recommended in the CDC 2007 *Best Practices,* Vermont Kids Against Tobacco and Our Voices Xposed, organize and participate in community interventions during the airing of the youth prevention common theme campaign. In addition these two programs were designed to allow youth to develop and lead strategies that create social change in schools and the larger community.

Vermont Kids Against Tobacco (VKAT): Middle School Youth

Since 1995, VKAT groups of youth in grades 5 through 8 have been devoted to keeping themselves and their peers tobacco-free. VKAT is funded from the Centers for Disease Control and Prevention (CDC) annual grant to VDH. VKAT groups create activities to inform their peers and their communities about the hazards of smoking and to support tobacco-free choices. For example, VKAT groups conduct media literacy training, talk to legislators about the importance of tobacco prevention at the VKAT annual statehouse rally to be held every other year starting in 2009 and implement activities to counter tobacco industry marketing to youth.

There were 39 sites funded in the FY2001, 48 in each of the next two years, 54 sites in FY2004, and 57 in FY2005 and FY2006. Due to a decrease in CDC funding, 51 sites were awarded grants in FY2007 though FY2009 (Appendix 4). Some of the FY08 outcomes from this program include:

- Over 713 students were part of one of 51 VKAT sites,
- 222 VKAT members participated in training,
- Over 14,000 community members (3,629) and peers (10,856) were reached by VKAT members during the school calendar year
- Over 321 activities were completed by VKAT sites.

Our Voices Xposed (OVX): High School Youth

In August 2000, Vermont was awarded a three-year grant totaling $1.5 million from the American Legacy Foundation (ALF) to support a statewide teen movement against tobacco. Vermont teens selected the name for the movement, Our Voices Xposed (OVX). They have provided leadership and momentum from the outset. OVX is open to high school youth who want to get involved to reduce tobacco use among their peers, 14- to 18-year-old Vermonters. The goals of OVX are to:

- Educate and inform
- Empower and show teens how to express their views
- Take action against the exploitation of youth by the tobacco industry
- Encourage positive and healthy behavior in all aspects of life
- Help reduce tobacco use among our peers

The ALF grant funded at least 25 OVX sites from 2000-2003. It also funded a professional media campaign designed by VDH and its media contractor in collaboration with OVX youth. This non-renewable grant ended in August 2003 and VDH used unexpended grant money to continue funding some OVX activities through 2006 but without a media campaign. Since 2006, the Department of Health has received some support through the CDC grant award and currently funds 11 OVX sites

(Appendix 4). In the 2007-2008 school year, OVX had a total of 142 members, at 10 schools throughout the state. Their efforts to educate peers and community members about the dangers of tobacco reached 12,575 youth and 1,325 adults through a total of 31 events held at schools and other community locations.

SCHOOL-BASED TOBACCO USE PREVENTION PROGRAMS

The Department of Education (DOE) administers the school-based tobacco use prevention grant program. Schools play a major role in the statewide effort to reduce the initiation and use of tobacco by youth and help to create community and school environments where "No Tobacco Use" is the norm.

Goals

Per the Centers for Disease Control and Prevention (CDC) recommendations, the four interventions included in the school-based tobacco use prevention grant program are:

1. School Tobacco-Free Policy

A comprehensive policy on tobacco use that is well understood and consistently enforced is the foundation for an effective school-based tobacco use prevention program. A model policy developed with students, parents, school staff, law enforcement and health professionals will:

- Explain the health reasons for a tobacco-free policy.
- Specify how the policy will be communicated.
- Prohibit students, parents, staff and visitors from using tobacco on school grounds, in school vehicles and at school events.
- Prohibit tobacco sponsorships of/or advertising at school events.
- Provide instruction on refusal skills needed to prevent tobacco use.
- Provide students and staff who violate the tobacco policy with options that may include cessation or education programs and resources.

2. Curricula

The school-based prevention grants support schools in implementing five evidence-based tobacco prevention curricula. These funds are used to:

- Encourage schools to include the currently approved evidence-based tobacco prevention curricula as part of a comprehensive health education program.
- Support and arrange for training of educators in evidence-based tobacco prevention curricula.
- Encourage and promote delivery with fidelity of curricula shown most effective in reducing tobacco use.

3. Parent and Community Education

Schools continue to work in partnership with community-based coalitions, service providers, and youth empowerment groups in expanding prevention efforts.

- Schools and youth empowerment groups across the state such as OVX, VKAT and VTLSP/SADD have joined in the annual common theme youth prevention campaigns.
- Schools provide information about local policy, prevention needs and prevention activities.

4. Cessation

As schools work to prevent young people from using tobacco products and enforce a tobacco-free policy for staff, it is critical to have resources to help those who want to quit using tobacco.

- Schools offer school based youth tobacco cessation services and refer adult tobacco users to cessation services offered through the Vermont Quit Network. See Section III under "Tobacco Cessation Services" for more information about cessation programs.
- In FY2008, Student Assistant Professionals (SAPs) within 38 schools referred 286 students to tobacco cessation programs.

- As of September 2007, teens can call the Vermont Quit Line, without parental consent, for free counseling to quit smoking.

Grants

DOE invites all of the supervisory unions (SUs) and school districts (SDs) in the state to apply for non-competitive grants. The size of the grants is determined by a formula based on student enrollment, with a minimum grant of $7,000. In FY2007, 92% of supervisory unions, school districts and independent schools received tobacco prevention school grants (Exhibit 15).

Exhibit 15: School-based Tobacco Grants: Estimated Funding FY2009

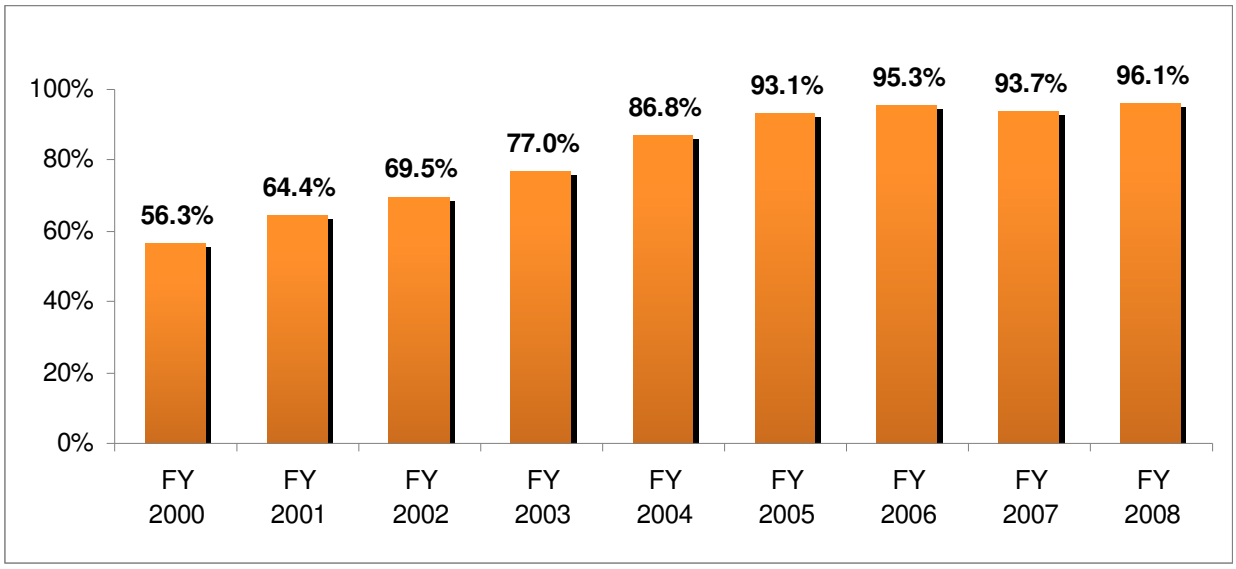
DOE Tobacco Grants FY 2009					
Supervisory Union	**Enrollment**	**2008 AT $8/PER PUPIL**	**Supervisory Union**	**Enrollment**	**2008 AT $8/PER PUPIL**
Addison Central	1,935	$15,480	Orange Windsor	942	$7,536
Addison Northeast	1,848	$14,784	Orleans Central	1,117	$8,936
Addison Northwest	1,245	$9,960	Orleans Essex North	3,032	$24,256
Barre	2,985	$23,880	Orleans Southwest	1,063	$8,504
Battenkill Valley	360	$7,000	Rice Memorial HS	392	$7,000
Bennington Rutland	986	$7,888	Rivendell	235	$7,000
Blue Mountain	460	$7,000	Rutland Central	1,074	$8,592
Burlington	3,550	$28,400	Rutland City	2,631	$21,048
Burr & Burton Academy	708	$7,000	Rutland Northeast	1,660	$13,280
Caledonia Central	688	$7,000	Rutland South	1,142	$9,136
Caledonia North	1,009	$8,072	Rutland Southwest	662	$7,000
Chittenden Central	2,806	$22,448	South Burlington	2,461	$19,688
Chittenden East	2,835	$22,680	Southwest Vermont	3,314	$26,512
Chittenden South	4,257	$34,056	Springfield	1,391	$11,128
Dresden	304	$7,000	St. Johnsbury Academy	955	$7,640
Essex Caledonia	613	$7,000	St. Johnsbury	687	$7,000
Essex North	300	$7,000	Thetford Academy	386	$7,000
Essex Town	1,267	$10,136	Washington Central	1,748	$13,984
Franklin Central	2,925	$23,400	Washington Northeast	623	$7,000
Franklin Northeast	1,672	$13,376	Washington South	786	$7,000
Franklin Northwest	2,288	$18,304	Washington West	2,185	$17,480
Franklin West	1,803	$14,424	Windham Central	1,052	$8,416
Grand Isle	690	$7,000	Windham Northeast	1,330	$10,640
Hartford	1,729	$13,832	Windham Southeast	2,798	$22,384
Lamoille North	1,908	$15,264	Windham Southwest	874	$7,000
Lamoille South	1,685	$13,480	Windsor Central	1,137	$9,096
Lyndon Institute	653	$7,000	Windsor Northwest	629	$7,000
Milton Town	1,876	$15,008	Windsor Southeast	1,226	$9,808
Montpelier	989	$7,912	Windsor Southwest	1,109	$8,872
Orange North	767	$7,000	Winooski	786	$7,000
Orange Southwest	1,007	$8,056	**TOTALS**	**87,575**	**$747,776**

Activities

Coordination: The key to the demonstrated success of this program is the tobacco coordinator who works part-time (typically four to eight hours per week) in the SU or SD. The Department of Education provides orientation and on-site technical assistance for new coordinators. Many coordinators are also Student Assistance Professionals (SAPs) and work directly with students, assisting with prevention curricula and facilitating youth cessation groups.

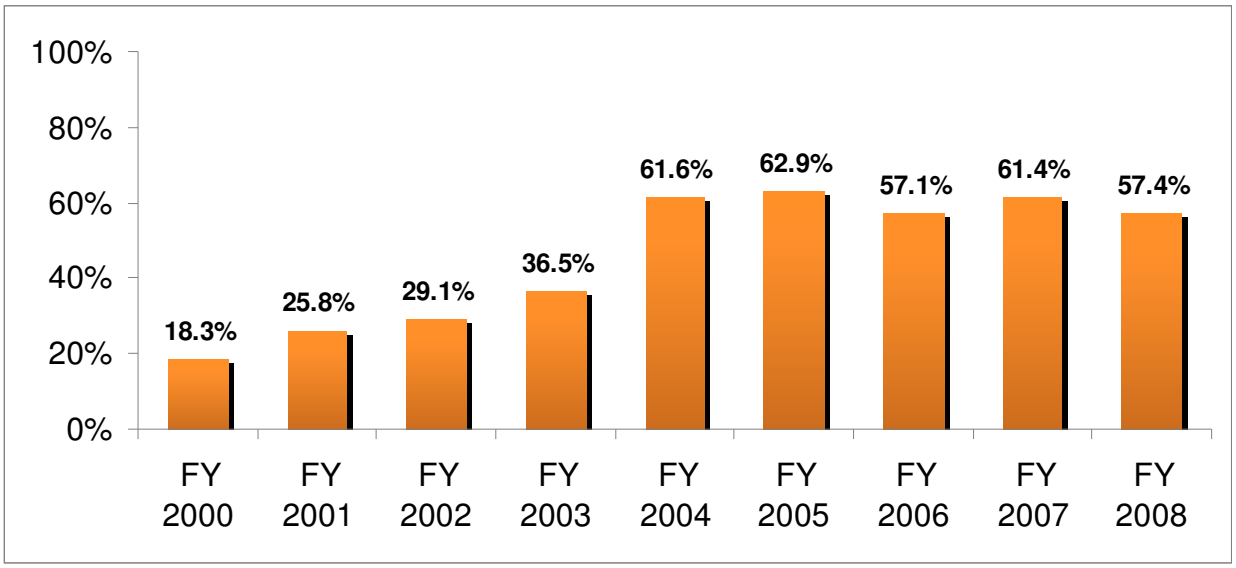
Tobacco-free Policy: According to the CDC, interventions to prevent tobacco use initiation and encourage cessation among young people need to reshape the environment so that it supports tobacco-free norms. At the end of FY2008, 305 of 317 (96.1%) public and independent schools in funded supervisory unions and school districts had a tobacco-free policy in place (see Exhibit 16).

Exhibit 16a: Percentage of Vermont Schools with a Tobacco Policy, FY 2000 - FY 2008



Curricula: Vermont's Tobacco Control Program supports five evidence-based curricula including Know Your Body, LifeSkills Training, the Michigan Model for Comprehensive School Health, Project Towards No Tobacco Use, and Teenage Health Teaching Modules. The percentage of students enrolled in research-based tobacco prevention curricula has remained steady since FY2004. To assist schools in implementing these five curricula, the department has placed an emphasis on educator training. Free curricula training was offered to schools serving Vermont students in FY 2007 and FY 2008 (see Exhibit 16b).

Exhibit 16b: Percentage of Vermont Schools Implementing At Least One of the Five Curricula, FY 2000 - FY 2008



Parent and Community Education: In FY2008, 22,368 students and 1,305 staff members participated in the *Correcting Misperceptions* prevention common theme campaign, in coordination with the Department of Health and local tobacco coalitions. In

addition, 18,802 students and 1,490 staff members participated in the secondhand smoke and cessation common theme campaigns. Participation in these campaigns is not currently required under the school based tobacco use prevention grant program.

CESSATION SERVICES

Vermont's comprehensive tobacco control program promotes smoking cessation through multiple channels: community coalitions, mass media, direct mail, health care provider referrals, inpatient visits to patients who smoke, and other educational efforts. Free smoking cessation counseling services are available for all tobacco users, although cigarette smokers comprise the majority of tobacco users in Vermont. The program was newly branded in 2008 as the *Vermont Quit Network*, and offers help to smokers in four ways:

- *Quit by Phone*: free telephone counseling
- *Quit in Person*: free group & individual counseling at 13 hospitals
- *Quit Online*: free interactive, secure website that provides individual smoking cessation plans, information about quitting and Vermont smoking cessation services
- *Nicotine Replacement Therapies (NRT)*: free or discounted NRT shipped directly to smokers enrolled in any of the Quit Network programs

Vermont Quit Line (1-800-QUIT-NOW): The American Cancer Society's National Cancer Information Center has operated the Vermont Quit Line under a contract with the Vermont Department of Health (VDH) since February 2001. It also operates quit lines for several other states, although information is tailored for each state program. Calls are answered 24 hours per day, every day of the year. Counselors or quit coaches are available Monday - Friday 6:00 AM to 12:00 AM EST Saturday and Sunday 9:00 AM to 10:00 PM EST. The Quit Line program has the capability to ship Nicotine Replacement Therapy (NRT) such as gum, patches, or lozenges directly to Vermonters' homes for up to eight weeks.

Some callers are only interested in receiving specific information in response to questions. Smokers who prefer to quit on their own and are sent a packet of self-help materials. For smokers interested in quitting and who prefer the convenience and anonymity of telephone counseling, the Quit Line provides a research-based, five-session counseling program. For smokers interested in face-to-face or in-person programs, the Quit Line refers them to the Vermont hospital nearest to them.

Quit in Person – The Vermont Department of Health grants funds to all 13 public hospitals in the state to offer group or one-to-one counseling sessions. The Veterans Health Administration Medical Center in White River Junction also participates but does not require grant funds for this purpose. These counselors have all received training through the Association for the Treatment of Tobacco Use and Dependence. Hospitals use either the American Cancer Society "Fresh Start" curriculum or the American Lung Association "Freedom from Smoking" curriculum. Both curricula are evidence based. Smokers who seek services at the Quit in Person program are also eligible to receive up to 8 weeks of NRT.

Exhibit 17 shows FY2008 for Grants to Hospitals for the Quit in Person Cessation Program. In FY2009, the Vermont Department of Health implemented a fee-for-service model for the Quit in Person program. This new model is structured such that hospitals will be paid $250 per new client and $100 for each returning client.

Exhibit 17: Grants to Hospitals for the Quit in Person Cessation Program, FY 2008

Hospital	FY2008 Grant
Brattleboro Memorial Hospital	$41,327
Central Vermont Medical Center	$35,869
Copley Hospital	$35,254
Fletcher Allen Health Care	$115,946
Gifford Hospital	$25,300
Mt. Ascutney Hospital	$46,190
North Country Hospital	$25,300
Northeastern Vermont Regional Medical Center	$34,509
Northwestern Vermont Medical Center	$37,789
Porter Hospital	$36,162
Rutland Regional Medical Center	$77,120
Southwestern Vermont Healthcare	$55,199
Springfield Hospital	$36,750
Total Grants	**$602,715**

QuitNet (www.vt.quitnet.com):
The QuitNet website is host to a thriving online community of thousands of smokers and ex-smokers who support each other with practical tips and celebrations of milestones. In addition to this supportive global community, the website provides a suite of interactive tools and features that members can use 24 hours a day, seven days a week, for as long as they need it. QuitNet tools include:

- Interactive questionnaires to classify smokers by stage of change and generate tailored information specific to each member's stage and circumstance;
- Personal quit stats, certificates of achievement and humor to keep members engaged and motivated;
- Trained counselors to provide expert advice;
- Personalized quitting guide, Quit Tips, journal and calendar to track progress;
- Five years of tips and anniversary e-mails.

Nicotine Replacement Therapy (NRT): The average smoker will attempt to quit five to seven times before succeeding. Most smokers try to quit on their own despite the fact that only 3% to 5% of people who try to quit unaided will succeed. Over 120 research studies show that medication - such as NRT and Buproprion - double the success rate of quit attempts. Combining medications with counseling and follow-up further increases the success rate. For several years, the Board has recommended that free NRT (a non-prescription medication) should be available to every smoker who enrolls in counseling. The VDH acted on this recommendation by negotiating with each cessation program and developing solutions to address barriers.

The distribution of NRT has evolved over time. In 2001, VDH began the "Quit Bucks" program - coupons for free or discounted NRT redeemable at local pharmacies - by providing the subsidies only to the uninsured and Vermont Health Access Program (VHAP) enrollees. Over time, additional groups (Medicare, Ladies First Breast & Cervical Program clients) became eligible. In 2002, VDH developed a pilot program with private insurers who agreed to reimburse a portion of NRT cost for Quit Bucks coupons for their subscribers. Utilization of that partial benefit was low and there was evidence

that subscribers were largely unaware of it. In 2004, the Attorney General provided additional funding and "Quit Bills" were created. These coupons covered the remaining NRT costs for smokers with a partial benefit, and provided some coverage for smokers not previously included.

New guidelines for NRT distribution have been issued periodically to hospital counselors, who sorted through complicated eligibility requirements to provide fully subsidized NRT to most of the smokers enrolled in counseling. This was a cumbersome process and may have been a disincentive for smokers. VDH and Vermont Association of Hospitals and Health Systems (VAHHS) worked to identify simpler and less expensive mechanisms for providing NRT to smokers enrolled in counseling.

As of February 1, 2007, everyone in Vermont is eligible for free NRT if they pass a medical screen. The Quit Line and Quit in Person programs offer direct shipment of free NRT to smokers who agree to counseling, regardless of insurance coverage. The only exception is Medicaid and Vermont Health Access Program (VHAP). These beneficiaries are required to get a prescription from their physician and pay a co-pay of $2.00.

Within a recent QuitNet NRT pilot program, the Vermont Department of Health (VDH) has paid the wholesale price on NRT offered through GlaxoSmithKline, the same company that provides the hospitals with their NRT. Vermonters that register to use QuitNet, set a quit date, and pass a medical screen are eligible to receive a four week supply of NRT. VDH has reported that offering NRT through the QuitNet leads to an increase in registrations for their cessation programs. VDH will review the outcomes of this pilot program in FY2009 in preparation for NRT budgeting in FY2010.

Utilization of Services

The number of new clients served by the Vermont Quit Network cessation programs in the past four fiscal years is provided in Exhibit 18. These figures do not fully represent the volume of services provided. In any given year, the programs serve new clients, as well as clients whose counseling bridges more than one year and those who relapsed to smoking and have returned for additional support.

Exhibit 18: New Clients Served by the Vermont Quit Network, FY2005 - FY2008
Note: Figures are for current and former smokers who contacted the program on their own behalf. The Quit by Phone numbers exclude Family / Friends of smokers and other proxy callers. Quit in Person and Quit Online numbers include all new clients.

Fiscal Year	Quit by Phone	Quit in Person	Quit Online
FY 2005	1,416	1,637	N/A
FY 2006	1,430	1,586	612
FY 2007	1,499	2,003	746
FY 2008	1,173	1,609	776

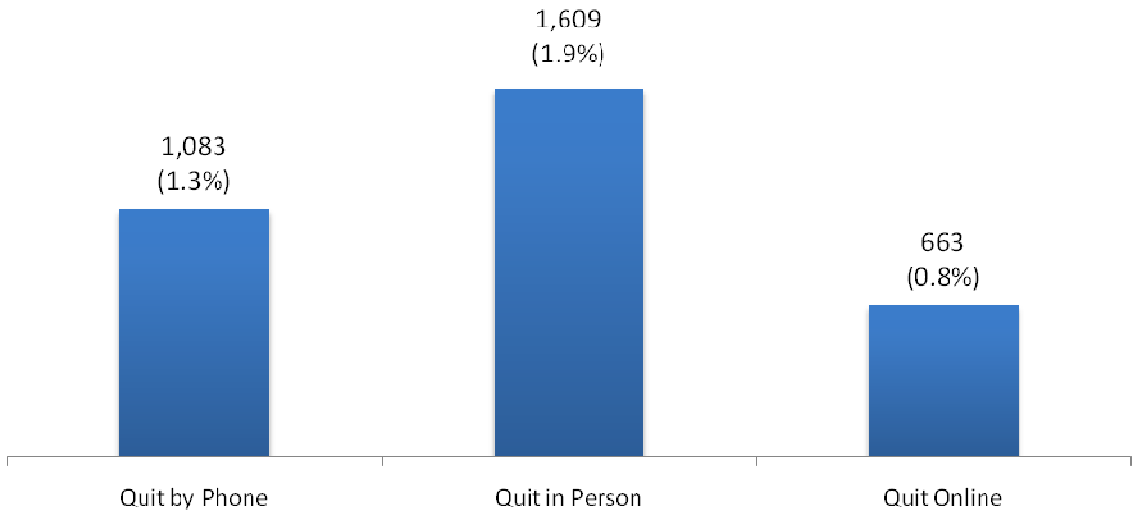
Vermont Quit Network Clients, FY 2008

	Quit by Phone	Quit in Person	Quit Online
Total New Clients	**1,475**	**1,653**	**776**
Cigarette Smokers	1,173	1,609	776
Current Smokers	1,083	1,609	663
Former Smokers	90		113
Other Tobacco Users	24	44	
Proxy Clients	278	0	0
Family / Friend of Current Smoker	55	0	0
Other Tobacco Users	223	0	0

Reach of Cessation Services

The reach of a program is defined as the percentage of the target population served by that program in a defined period of time. About 4% of Vermont smokers used one of the Vermont Quit Network's cessation services (Exhibit 19). The reach of the programs is greatly affected by promotion of the services through mass media campaigns and direct mail (See "Media and Public Education" in this section).

Exhibit 19: Reach of Vermont Quit Network Cessation Services, FY2008
Note: Reach is the number of current smokers who used each service divided by BRFSS estimates of the total number of adult current smokers in the state.



Selected Vermont Quit Network Demographics (FY2008)

Age

- 9.1% of QuitNet users and 16.1% of Quit Line users are 18-24 year olds.
- 57.2% of Quit in Person clients and 40.5% of Quit Line users are 45 years or older.

Education

- 15.5% of Quit Line clients and 16.3% of Quit in Person clients have less than a high school degree.
- 41.9% of Quit in Person clients, 38.4% of Quit Line clients, and 57.8% of QuitNet users have some college education or more.

Gender

- Over half of the Quit in Person and Quit Line clients are female.
- Nearly 68% of QuitNet users are female.

Efficacy of Services

Follow-up Calls: The American Cancer Society attempts to reach every smoker who received Quit Line services with follow-up calls. VDH contracts with Macro International to conduct the follow-up calls with Quit in Person program clients, using a similar model of attempting to reach every caller. Follow-up calls are designed to assess smoking status and satisfaction with services. Calls for both programs are made approximately three, six, and 12 months after completion of the services (Exhibit 20).

Exhibit 20: Rates of Completion of Follow-up Contacts with Counseling Clients, FY2008

Survey	Quit by Phone	Quit in Person	Quit Online
3-Month	32.5%	55.7%	8.3%
6-Month	27.0%	45.3%	6.5%
12-Month	25.3%	36.2%	4.8%

Definition of Quit: The standard, and more conservative, method for calculating the rate of quitting is to assume that all clients who could not be reached for a follow-up telephone interview have relapsed to smoking. Thus, documenting quit rates is greatly dependent on successfully reaching clients to complete the follow-up interviews. A second method of calculating the rate of quitting is to exclude all clients who were not reached in the follow-up, and report the percentage of clients who quit among those reached in follow-up. Exhibit 21a shows quit rates using the first method.

Exhibit 21a: Quit Rates* for Current Smokers who Used Vermont Quit Network Cessation Programs, FY 2008
Note: 7-day point prevalence (smoke free 7 days prior to follow-up contact)

Survey	Quit by Phone	Quit in Person	Quit Online
3-Month	N = 1069 8.9%	N = 727 39.5%	N = 466 4.7%
6-Month	N = 1391 7.3%	N = 788 29.1%	N = 568 1.9%
12-Month	N = 1344 7.6%	N = 811 25.2%	N = 454 3.1%

*This table presents estimates of 7-day point prevalence. Results are based on the 'Intent to Treat' approach. Clients who were eligible for, but did not complete follow-up evaluations are considered to have "failed" to remain smoke-free for the 7 days prior to the evaluation they were scheduled to have completed.

Client Satisfaction with Smoking Cessation Services

The Quit Line and the Quit in Person programs have consistently received very high satisfaction ratings from their clients. This data is gathered during the first follow-up call completed with the client. Since about 50% of clients counseled are not reached during follow-up, the satisfaction levels of about half of the clients counseled are not known. Among clients reached for follow-up in FY2008, 86% expressed satisfaction with the support received from the Quit by Phone program and 94% with services received from the Quit in Person. There are demographic differences between the clients for each of the services which may or may not explain the differences in levels of satisfaction. Satisfaction data for the Quit Line is unavailable in FY2008.

Exhibit 21b: Satisfaction with Cessation Services FY2008

	Quit by Phone	Quit in Person
Very Satisfied	54%	50%
Mostly / Somewhat Satisfied	32%	44%
Not at all Satisfied	8%	4%
Don't Know / Refused	6%	1%

Coordination of Cessation Services

The Quit in Person program (hospital-based) originally offered group counseling only. Over time, it added one-to-one counseling, telephone counseling or a combination. Historically each hospital was required to offer at least six group cessation programs per year, half of those in community or worksite settings. In FY2008, 507 smokers completed quit coaching classes. The proportion of smokers that complete these classes has increased from 57% in FY2006 to 69% in FY2008 (see Exhibit 21c). VDH expects that this group counseling service will continue to fulfill the needs of smokers seeking community cessation programs with the shift to a fee-for-service grant system for the hospital cessation program.

Exhibit 21c: Quit Coaching: Attendees and Classes FY2006-FY2008

	Classes Attempted	Classes Completed	% of classes completed	# of smokers registered	# of smokers completed	% of smokers completed
FY06	134	104	78%	871	400	57%
FY07	114	89	78%	754	491	65%
FY08	124	102	82%	733	507	69%

Youth Cessation Programs

Most of the smoking cessation services in Vermont are targeted to adult smokers. In 2007, legislation was passed to allow smokers under the age of 18 to call the Quit Line for counseling without parental consent. As of September 1, 2007, teens may register for the Quit Line's smoking cessation counseling designed for smokers under the age of 18. In FY2008, eleven teens called the Quit Line on their own behalf.

There are two teen school-based smoking cessation programs currently available in Vermont. There are approximately 6,300 youth under the age of 18 who smoke compared to approximately 87,000 adult smokers. The demand for teen smoking cessation programs among teachers and community members exists; yet it is often challenging to recruit students and find time during the school day to schedule these programs.

Not On Tobacco (N-O-T): N-O-T is a research-based program designed specifically for teenage smokers by the American Lung Association. Evaluation research published in

a peer-reviewed journal in 2005 demonstrated the efficacy of the program[3]. N-O-T includes 10 weekly group sessions and four optional booster sessions. It was designed to be gender-specific with separate groups conducted for male and female teens by facilitators of the same gender. This design has been adapted for small group sessions in a rural state like Vermont. N-O-T is a voluntary program.

Since 2001, VDH has contracted with the American Lung Association of Vermont (ALA-VT) to provide N-O-T at high schools and other sites that reach nontraditional students and high-risk youth. ALA-VT signed agreements with 45 sites to offer N-O-T in FY2008. 30 people, primarily school staff, were trained to facilitate the program. Of the 45 sites, 22 started at least one group. A total of 32 groups were started and 24 groups were finished. Of the 207 teen smokers who started N-O-T, 122 finished the program and completed the post-survey.

Helping Teens Stop Using Tobacco (TAP) and Intervening with Teen Tobacco Users (TEG): In addition to offering the N-O-T program, Vermont's Tobacco Control Program supports TAP and TEG as school-based interventions that can be funded through the Department of Education's tobacco use prevention program grants. TEG is designed as an alternative to suspension for students caught using tobacco on school property. It includes eight sessions designed to motivate students to quit using tobacco or to join the TAP program. TAP is a voluntary tobacco group focused on stopping smoking or using other tobacco products as well as on behavior modification.

To date, more schools use N-O-T as the program of choice for youth smoking cessation. The DOE program coordinator has encouraged grantees to consider N-O-T because of the support system provided by the ALA-VT (mini-grants, training, technical assistance, incentives and data collection).

[3] Horn H, Dubi Gm Kalsekar I, Mody R. (2005). The impact of Not on Tobacco on teen smoking cessation: End-of-program evaluation results, 1998-2003. *Journal of Adolescent Research* 20 (6): 640-661.

STATEWIDE TRAINING OF HEALTH CARE PROVIDERS
Health Care Provider Training

An important point of intervention for smoking cessation is via health care providers. Health care providers are the most credible source of health care advice. Nearly three out of four current smokers had seen a health care professional in the last year (71%), and a majority had been to the dentist in the previous 12 months (55%). Current smokers identify health care providers as important sources of information about cessation assistance. Physicians and other health care providers have frequent opportunities to intervene with current smokers. According to the National Commission on Prevention Priorities, tobacco use screening combined with brief physician intervention is highly efficacious and cost saving in comparison to other prevention services.

More than four out of five current Vermont smokers who saw a physician in the last 12 months said they were asked whether they smoke (82%). Approximately two-thirds reported their health care professional talked with them about smoking (62%) and/or advised them to quit (68%). Only 36% were recommended a specific quit program by their doctor and 17% were asked to set a quit date by their health care provider.

Since 2001, there have been increases in the proportion of current smokers who reported conversations with their health care providers and dentists about smoking and smoking cessation. From 2006 to 2007, current smokers who reported being asked if they smoke, talked to about smoking, advised to quit smoking, recommended specific quit smoking programs, or asked to set a quit date all have improved. However, none of these increases were statistically significant. Overall, two-thirds of all current smokers were not given a recommendation by their health care provider for a specific cessation program (67%). More work is needed to educate health care providers about smoking cessation counseling and medications, and to implement healthcare system change such as increasing referrals to the Vermont Quit Network cessation services. Healthcare reform initiatives like the Blueprint for Health launched in 2003 are potential collaborators to bring about and support this purpose.

There was an initiative to train physicians and other health care providers during the initial three years of the Vermont Tobacco Control Program. That program was terminated by mutual agreement between the training organization, Area Health Education Centers (AHEC), and the Vermont Department of Health (VDH) in June 2003. The program was a fairly intensive intervention that required a time commitment on the part of physicians that most were unwilling or unable to make. The Board was concerned that too few providers could be reached with this intervention with the available funds. At the time the board recommended that the Legislature shift the funds to provide subsidies for nicotine replacement therapy (NRT) for more smokers who enrolled in counseling.

At the Board's recommendation, $75,000 was appropriated in each year since FY2007 to pilot a more efficient method of health care provider training. VDH contracts with John Snow International (JSI) to replicate a model that was implemented in Massachusetts. In Vermont, JSI is working with clinics to institute a systems change to identify and refer smokers to the Quit Line or the hospital program. For those smokers who may not want to quit using counseling, JSI provides nicotine replacement therapies (NRT) to these

practices, in order to increase the smoker's chance for success by using medication. In FY2009 JSI has provided trainings to the following groups:

- The Blueprint for Health Chronic Care Teams (CCT) in St. Johnsbury and at FAHC
- Refresher at the Northern Tier Center for Health – Federally Qualified Health Center – 3 clinics – 34 providers
- Community Health Center for Burlington – Met with the medical director there
- Refresher for the Vermont Coalition for the Clinic of the Uninsured sites (6 participated)
- Green Mountain OB/GYN – St. Albans – 3 providers
- Mousetrap Pediatrics – 4 providers
- Fletcher Allen Health Care (FAHC)– informational session for all primary care clinics
- 6 primary care sites in the St. Johnsbury area that will be running the Blueprint software and making referrals.
- Informational meeting for a dozen Bennington area physicians
- Little Rivers – Federally Qualified Health Center – 3 sites in Bradford, Corinth, and Wells River

Fax Referrals: Health care providers can refer smoking patients to the Quit Line or hospital counseling via a confidential fax referral system. Health care providers secure the patient's permission to fax a referral to the Quit Line and the Quit in Person program and a counselor will pro-actively call the smoker at the best time noted on the fax form to encourage enrollment into counseling.

In FY2008, more than 32% of patients referred by health care providers to the Quit Line or the Quit in Person programs completed an intake (Exhibit 22).

Exhibit 22: Total number of fax referrals from health care providers to the Quit Line and Quit in Person program, FY2008.

Cessation Program	# of Faxes	# of Intakes	Completion Percentage
Quit by Phone	332	109	32.8%
Quit in Person	332	107	32.2%

Dental Provider Training
The Vermont State Dental Society has conducted training programs for dental office staff since April 2001 under a contract with the Department of Health which is funded by a grant through the Centers for Disease Control and Prevention. The goals of these office-based trainings are to ensure dentists and their office personnel:

- Ask at every visit whether or not the patient smokes
- Advise patients who smoke to quit
- Assist smokers by referring them to cessation services

In FY2008, 3% of fax referrals to the Quit Line came from dental providers. The dental society has trained 202 (86%) of the 236 dental offices in Vermont and returned to 101 offices for refresher trainings (Exhibit 23) since the program began. Since the dental society has trained most of the practices in the state, it now spends more time updating each practice with current information to ensure that referral practices remain in place.

Exhibit 23: Number of Dental Office Trainings Conducted and Staff Trained by Vermont State Dental Society, October 2001 – June 2007

Type of Training	FY02	FY03	FY04	FY05	FY06	FY07	FY08	TOTAL
Offices								
Initial	25	55	52	32	15	13	10	**202**
Refresher	-	3	19	19	19	20	21	**101**
Staff								
Initial	169	439	402	244	132	107	217	**1,710**
Refresher	-	26	116	165	130	149	258	**844**

MEDIA AND PUBLIC EDUCATION

Tobacco companies spend billions annually to make tobacco use appear to be an attractive and established part of American culture. The three most heavily advertised cigarette brands account for more than 80% of cigarettes smoked by adolescents[4]. To counter these efforts sustained media campaigns, combined with other interventions and strategies are recommended by the CDC, which is why media and public education are key components of Vermont's Tobacco Control Program.

These interventions are powerful tools to counter the marketing effects of the tobacco industry and to educate the public. The Vermont Department of Health (VDH), in collaboration with the media contractor, Kelliher Samets Volk (KSV), develops and implements an annual media and public education plan.

Health communications are more effective when a consistent message is delivered from multiple sources. As a result, VDH conducts three statewide common theme media campaigns per year in concert with community and school public education activities. Each campaign focuses on a particular theme during a designated time period and mirrors one of the three statewide tobacco control goals:

Goal 1: Prevent youth from starting to smoke
The long-range objective of all prevention campaigns is to cut youth smoking rates in half between 1999 and 2010. The 1999 smoking rate for grades 8 through 12 was 31%. The 2007 smoking rate was 16% (a 48% drop). The 2010 goal is 15%.

Goal 2: Help smokers to quit
The long-range objective of smoking cessation campaigns is to reduce the adult smoking prevalence rate by half between 1999 and 2010. The smoking rate in 1999 among adults 18 and over was 22%. In 2007, the smoking rate among adults 18 and over was 18%. The goal for 2010 is 11%.

Goal 3: Reduce exposure of all Vermonters to secondhand smoke
The goal is to reduce secondhand smoke exposure for all Vermonters, with a focus on reducing exposure of youth. Adult Tobacco Survey (ATS) data indicate that exposure to secondhand smoke in the home has steadily declined in Vermont and is now at the lowest rate ever.

The FY2009 Common Theme Campaigns are:

- Butts of Hollywood: See Youth Prevention (Ages 14 to 17)
- Your Quit Your Way: See Smoking Cessation (Ages 25 to 34)
- Make Your World a Smoke-Free Zone: See Reduce Exposure to Secondhand Smoke

[4] Substance Abuse and Mental Health Services Administration (SAMHSA), The National Survey on Drug Use and Health Report. SAMHSA Office of Applied Studies, Washington DC; 2007.

Youth Prevention (Ages 10 to 13)

The 8 out of 10 (*Correcting Misperceptions*) campaign was developed to help correct a commonly-held and powerful belief among tweens (ages 10 to 13) that most high school students smoke. Initiated in 2001, *Correcting Misperceptions* is now one of three annual common theme campaigns.

During January and February 2009 a "booster" campaign (utilizing two existing television spots) will be run to reinforce this important message about the norms in Vermont. Finally, for the first time the 2009 Youth Risk Behavior Survey (YRBS) will also ask the misperceptions question.

Youth Prevention (Ages 10 to 13)

Objectives: To reinforce anti-tobacco attitudes and decrease the proportion of middle school students intending to initiate smoking
Primary target: Ages 10 to13, at-risk
Secondary target: Ages 14 to17, at-risk
Marketing vehicles: Television spots (existing), web site, educational giveaways
Campaign Partners: Community Coalitions, Department of Education Tobacco Designees, Vermont Kids Against Tobacco (VKAT) and Our Voices Xposed (OVX) youth groups (not a required campaign in FY09)
Evaluation tools: Youth Risk Behavior Survey (prevalence and misperceptions question), web hits and downloads, measured media (based on media plan)
Media Timing: January and February 2009 (media to begin late-January)

Youth Prevention (Ages 14 to 17)

Teens respond to messages that support their need for information and control, which was the basis for the media literacy approach of the updated March-April 2007 OVX Studios/This is Product Placement common theme campaign. The campaign included two new Butts of Hollywood television spots, the OVX Studios interactive web experience, and other educational materials. And as part of the 2008 booster campaign, one of the spots was converted into a movie trailer.

For FY09, the existing television spots and movie trailer will be used. New educational giveaways will be developed and the OVX.org web site will be entirely revamped, both based on current youth trends, surveying of Vermont youth and meetings with OVX groups.

Like past common theme campaigns, we will provide a host of resources for our community partners, including: a campaign brief; educational giveaway items; campaign images and other downloadable resources; a localized press release template and talking points; a classroom guide and activities; and idea lists. All of these items will be posted to a specific extranet site that has been used in past campaigns.

Finally, in FY08 partners were provided with a media literacy guide – *Media Revealed: Understanding our Media Diet* – to support the need for local presentations, activities

and education about today's media landscape. This guide will be updated and redistributed to partners.

Youth Prevention (Ages 14 to 17)

Objectives: To increase awareness about tobacco advertising targeted to youth in order to empower teens to be smart consumers of media.
Primary target: Ages 14 to17, at-risk
Marketing vehicles: Television spots (2), OVX.org web site and interactive features, educational giveaway items, media relations
Community Partners: OVX groups, Community Coalitions, DOE Tobacco Designees, VKAT groups (not required)
Evaluation tools: Youth Risk Behavior Survey (prevalence), hits and downloads at OVX.org, total materials distributed, measured media (based on media plan), earned media placements, participating theaters (running trailers), total number of community events
Media Timing: March and April 2009

Smoking Cessation (Adult Smokers 18+)

The smoking rate for all adults has declined in recent years, which is promising, as is the high level of awareness of media messages among smokers and recent quitters. However, quit attempts have been relatively flat, with just over half (53%) of adult smokers making a serious quit attempt in the last year. Quantitative survey data, along with qualitative research conducted with smokers who do not intend to use Vermont's smoking cessation services, will continue to inform efforts in FY09.

The following promising and successful initiatives will be considered for adult cessation promotion:

- Direct Mail – Based on the evaluation of past efforts, an updated program will be developed to reach lower socio-economic status adults. An initial direct mail was completed in November of 2008, in conjunction with the Independent Quitters common theme campaign. Additional mailings may be considered for additional promotions (budget permitting).
- The QUIT@WORK employer tool kit – Introduced in FY07, has been updated with the Vermont Quit Network branding, and is available for community and hospital partners to engage employers. This tool is also available online at the VDH Tobacco Control web site.
- VTQuitNetwork.org – Updates to the site will be made in order to provide more resources for smokers wishing to quit, including clearer links to services, and pod-casts for those wishing to begin their quit on their own. Additional sections (Smoke-Free Zone and Your Quit Your Way), will also be added to support those common theme campaign efforts. The web site will be promoted online through Google search engine advertising.
- Testimonial Radio – Stories from quitters who have successfully quit using one of Vermont's services have been gathered for several years and turned into radio spots. This program will be re-assessed to determine if and how the program will continue, including the use of these stories on VTQuitNetwork.org.
- New Year's Resolutions – Each year the media has been provided with information encouraging Vermont's smokers to consider quitting for New Year's, including tips and resources. This year tobacco tips will be bundled with other health-related information.

Smoking Cessation Promotion (Adult Smokers 18+)

Objectives: Increase the percentage of quit attempts and increase use of Vermont Quit Network resources
Primary targets: Ages 25 to 44, lower income/lower education
Secondary target: Ages 18 to 24, lower income/lower education
Marketing vehicles: As noted above
Campaign Partners: Community Coalitions, In Person Vermont Quit Network sites
Evaluation tools: Estimated media reach and frequency, web hits and downloads, online ad click-rates, materials distribution, direct mail responses, earned media placements, Vermont Quit Network service use, Adult Tobacco Survey
Media Timing: Fall & Winter 2007-2008

Smoking Cessation (Ages 18 to 24)

Vermont has seen drastic declines in the young adult smoking rate in recent years (from 38% in 2000 to 27% in 2007), but this group still smokes more compared to other adults. Also important to note, is that about a third of Vermont's smokers began when they were young adults.

Like youth, tobacco companies target young adults heavily. And, as newly legal smokers young adults are often the target of a great deal of marketing, much of which is invisible to most non-smokers – items like direct mailers, web promotions, special magazines, sampling and coupons are now commonplace.

While this group is not the primary focus of this year's common theme campaign, it is important to including messaging specifically created for this group. Existing materials are available in the form of the Women's Health television spots, facial wrinkling and impotence radio spots (which have been successful in driving service use), testimonial radio, the VTQuitNetwork.org web site and Your Quit. Your Way. tools.

Smoking Cessation Promotion (Ages 18 to 24)

Objectives: Increase the percentage of quit attempts and increase use of Vermont Quit Network resources
Primary Target: Ages 18 to 24, not in college
Secondary Target: Ages 18 to 24, in college
Marketing Vehicles: TBD
Campaign Partners: Community Coalitions, In Person Vermont Quit Network sites, State and Community Colleges (not a required campaign in FY09)
Evaluation Tools: Adult Tobacco Survey and others based on tactics
Timing: To be determined

Smoking Cessation (Ages 25 to 34):

As noted in previous sections, the overall adult rate has declined in recent years, but some age groups have higher relative rates. The rate among adults age 25-34 has moved around (25% in 2007), but is only slightly lower than young adults (27% in 2007). And, this disparity is even larger when looking at lower socio-economic status.

At this age, many smokers in the age group have had their habit for more than 10 years and have tried to quit numerous times. They know how difficult it is to quit – they may even be feeling some of the health effects of their habit, and seeing how their habit might influence their children. While these smokers want to quit, the majority does not intend to use our resources, and plan to quit in their own way and in their own time.

This year we will use the insights from the research findings on smokers who do not intend to use our services, along with the lessons from past campaigns, to create the November-December 2008 common theme campaign – Your Quit. Your Way. We will reinforce the idea that quitting is a process that takes practice, and each attempt is part of what smokers need to do to become smoke-free. Most importantly, we will provide ways for smokers to take control of their quit attempt by providing them with proven tools they can use to make their quit attempt successful.

Like past common theme campaigns, we will provide a host of resources for our community partners, including: a campaign brief; educational giveaway items; campaign images and other downloadable resources; a localized press release template and talking points; and idea lists. All of these items will be posted to a customized extranet site that has been used in past campaigns.

Smoking Cessation (Ages 25 to 34)

Objectives: Increase the percentage of quit attempts and increase use of Vermont Quit Network resources

Primary Target: Ages 25 to 34, lower income/lower education

Secondary Target: Ages 35 to 44, lower income/lower education

Marketing Vehicles: Radio spots (42), "DJ Talk" program, newspaper insert (FSI) in select counties, new web site section and features, free NRT via VermontQuitNet.com, Your Quit. Your Way. tools available via order form (in direct mail, rack brochures, FSI and online), online search engine advertising, community tools, and media relations (statewide press relations and localized press release)

Campaign Partners: Community Coalitions, In Person Vermont Quit Network sites, VDH District Offices/WIC Clinics (not required)

Evaluation Tools: Adult Tobacco Survey, measured media (based on media plan), total number of community events, statewide and local media coverage, campaign material orders (coding system for tracking), web hits and online ad click rates, hits and registrations at VermontQuitNet.com, use of Vermont Quit Network services

Timing: November and December 2008 (common theme), plus January 2009

Smoke-Free Zones

In past years this common theme campaign has focused on creating smoke-free zones around children. Community partners will continue to focus on smoke-free zones around children, and may also choose to broaden the message to smoke-free zones around adults. In addition, community and hospital partners have been asked to take on activities to promote policy changes that aim to shift the local norms about the dangers of secondhand smoke.

The media for this campaign will include two new radio spots to reach parents and caregivers, and will include health information from the 2006 Surgeon General's report

on involuntary exposure to tobacco smoke. In support of the media and messages, a new Smoke-Free Zone section will be added to the VTQuitNetwork.org web site, and will include facts, links and downloads.

Like past common theme campaigns, we will provide a host of resources for our community partners, including: a campaign brief; educational giveaway items; campaign images and other downloadable resources; a localized press release template and talking points; and idea lists. All of these items will be posted to an extranet site that has been used in past campaigns.

Reduce Exposure of All Vermonters to Secondhand Smoke

Objectives: Increase the awareness that secondhand smoke is harmful in order to increase the proportion of smokers and recent quitters in households with children who ban smoking in the home and car

Primary Target: Parents who smoke, lower income/lower education

Secondary Target: Smokers and recent quitters, lower income/lower education

Marketing Vehicles: Radio spots (2), newspaper insert (FSI) for southern counties, adult brochure, children's games, mini-tote bag, web section, and media relations (statewide press relations and localized press release)

Campaign Partners: Community Coalitions, Ready, In Person Vermont Quit Network sites, DOE Tobacco Designees, VDH District Offices/WIC Clinics (not required)

Evaluation Tools: Adult Tobacco Survey, distribution of materials, web hits and downloads, earned media placements

Timing: August and September 2008 (DOE partners have until October)

IMPACT OF MEDIA CAMPAIGNS

Youth Prevention

Most youth overestimate the percentage of teens that smoke and thus see smoking as a "normal" teen activity. This misperception about teen smoking leads youth to want to emulate teens. Since the outset of the Vermont Tobacco Control Program, a major focus of the prevention media campaigns has been to correct this misperception. The 8 out of 10 common theme campaign was developed to communicate primarily to middle school youth that 8 out of 10 Vermont teens choose not to smoke.

According to the 2006 Youth Health Survey (YHS), 44% of middle school students believe correctly that 8 out of 10 Vermont teens do not smoke cigarettes. This has dropped since 2004, when 65% of students believed correctly that 8 out of 10 teens did NOT smoke cigarettes. In addition, 47% of Vermont students have seen a television ad or heard a radio ad that talked about how many teens choose NOT to smoke. This was down from 70% in 2004. The low number of students who have seen or heard a specific ad may be due to the timing of the media campaign, which began after many students had completed the YHS survey.

Smoking Cessation

Findings from the ATS suggest that Vermonters are aware of smoking cessation media messages. Each year the VTATS includes questions that attempt to assess Vermonter's awareness of anti-tobacco and Vermont cessation program media messages. Respondents who confirm their awareness of specific television, radio, and or newspaper messages are then asked a series of questions aimed at gauging the impact of the media.

An overwhelming majority of Vermonters were aware of stop smoking media messages (90% in 2007). Awareness of messages by specific mediums was high: television ads (86%), radio messages (63%), and newspaper ads (57%). Low income Vermonters were *less* likely to report having seen any media (87% aware). However, more than four-fifths of low income Vermonters *have* seen an anti-tobacco ad in the last six months. Younger adults (18-24) and those with self-reported "OK" mental health were more likely than other Vermonters to report seeing at least one radio or television ad; younger adults were also less likely to have seen newspaper messages.

Awareness of all types of media messaging has significantly improved since 2002. From 2006 to 2007, the only statistically significant change was the increase in awareness of radio advertising (59% in 2006 to 65% in 2007). Among smokers, overall awareness of media messages increased significantly in the past year (from 91% to 95%), but there were not statistically significant increases in awareness of any specific medium. Among nonsmokers, radio messaging awareness significantly increased (55% to 63%).

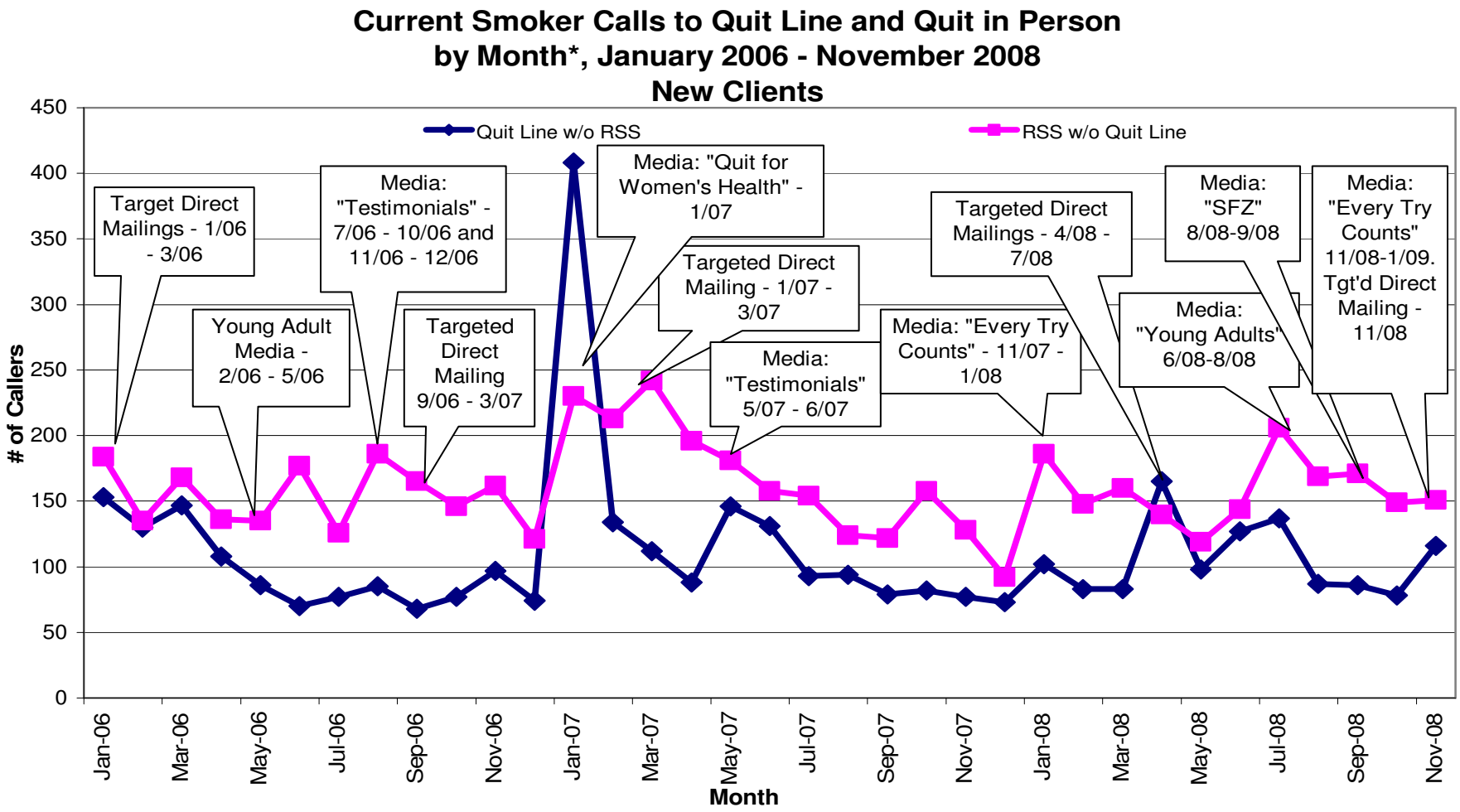
The current appropriation for media and public education in the Vermont Tobacco Control Program budget is not sufficient to permit sustained promotion of smoking cessation counseling services throughout the year. The volume of new callers to the Vermont Quit Network phone coaching (and clients enrolling in the in-person Vermont Quit Network coaching) is highest in the months when the Vermont Quit Network is promoted through media campaigns and direct mail. The volume is lowest in months

when mass media promotion is typically lowest (April through September) unless other types of promotion like direct mail and news stories occur (Exhibit 24). More sustained systematic promotion throughout the year would likely result in increased utilization of cessation services, more quit attempts, and fewer Vermonters smoking.

Exposure to Secondhand Smoke

Approximately 10% of the annual funds expended by VDH for media and public education is devoted to campaigns to reduce the exposure of Vermonters to secondhand smoke. Nonetheless, Vermont smokers and nonsmokers are changing their behavior. As demonstrated in Section II under "Exposure to Secondhand Smoke", there is a significant increase in the percentage of Vermont smokers with children who have policies banning smoking in their homes and vehicles. According to the RTI, the advent of such voluntary prohibitions on smoking may be an indication of changes in public awareness of the dangers of secondhand smoke and changing social norms surrounding exposure to secondhand smoke in Vermont.

Exhibit 24: Current Smoker Calls to Quit Line and Quit in Person



*' Quit Line' data does not include non-smokers calling for information only, those requesting only community referrals, or those with an unknown service at time of intake. 'VAHHS - w/o Quit Line' data does not include those who are Quit Line users, as they must use VAHHS to get their Quit Bucks.

ENFORCEMENT OF LAWS BANNING TOBACCO SALES TO MINORS

Rationale
As part of a comprehensive program to prevent tobacco use among youth, the Centers for Disease Control and Prevention (CDC) recommends mobilizing the community to restrict minors' access to tobacco products combined with additional resources including stronger local laws directed at retailers, active enforcement of retailer sales laws and retailer education with reinforcement.

Federal Law
Federal law passed in 1992 requires that all states, as a condition of receiving federal substance abuse and treatment block grant funds, comply with Section 1926 of the Public Health Services Act, known as "the Synar Amendment." The stated goal of the law is to reduce illegal purchases of tobacco by minors. The law sets an 80% compliance goal, or no more than 20% of attempted purchases by minors resulting in sales, for each state within a negotiated time period. The law requires the states to do the following: 1) conduct statewide retail compliance checks to ascertain the prevalence of illegal sales to minors; 2) set an annual goal to reach the 80% compliance rate through measurable reductions in illegal sales and continuation of reductions; and 3) report the results annually to the federal government. Vermont has exceeded the 80% compliance rate since 2001.

Vermont Law
In 1997, Vermont set a higher standard: 90% compliance. Vermont law (Act 58) directs the Department of Liquor Control (DLC) to conduct "compliance tests of tobacco licensees as frequently and as comprehensively as necessary to assure consistent statewide compliance with the prohibition on sales to minors of at least 90% for 17-year old buyers." Vermont is the only state that requires that only 17-year-old youth participate in compliance checks. Some states allow youth as young as 14-years-old, but most have teens ages 16 and 17 serve as their buyers in the compliance checks. There is some research indicating that the younger the appearance of the youth who attempts to buy cigarettes in the compliance check, the fewer the number of illegal sales.

In 2002, the Legislature made training mandatory for tobacco licensees and sellers. Prior to July 2002, the DLC chose to include tobacco training in the mandatory training it conducted for alcohol licensees and servers. In 2002, the Legislature also amended the statute to lower the penalties to retailers that failed tobacco compliance checks, imposing a warning for a first failure.

Independent Evaluation: Vermont's Retailer Compliance Rate
Since 1999, Vermont has not consistently achieved the 90% tobacco retailer compliance rate required by Act 58. While the state has achieved 90 percent or higher during a number of months, it has been unable to realize a twelve-month cumulative average of 90%. As detailed in the Board's 2007 annual report, RTI, the independent program evaluation contractor, evaluated the state's program to restrict minors' access

to tobacco products, compared Vermont's program with those of other states, and made recommendations for achieving at least 90% compliance. RTI concluded the following:[5]

- Enforcement inspections are essential to maintain high compliance rates. Key factors in the effectiveness of such inspections include: age of buyer, age of seller, whether the buyer knows the seller, and attitude and demeanor of the buyer. Other techniques needed to maintain compliance above 80% include effective merchant education and penalties for violations.

- As enforcement becomes more effective, some minors will shift from commercial to social sources to obtain tobacco. Increasing compliance rates without addressing alternative commercial and social sources for tobacco may not result in a true reduction of youth access. In 2006, 89% of Vermont high school students who smoked reported obtaining cigarettes by "borrowing" from a friend or family member, stealing, or giving money to someone to purchase.

RTI identified and analyzed three main options for improving Vermont's rates of compliance:

1. Increase the number of annual compliance checks;
2. Increase the number of retail clerks trained directly by Department of Liquor Control;
3. Increase penalties for noncompliance.

RTI recommended Option 3 (increasing the penalties for noncompliance) as the most cost-effective option. Vermont law provides for a warning to a retail licensee upon the first failed compliance check; this is more lenient than other high-compliance states. Option 1 (increasing the number of compliance checks conducted) and Option 2 (increasing the number of DLC-provided training sessions) are the more costly options presented in this study, and the improvements in retailer compliance from these options may not be significant enough to merit the expenses incurred. The literature and data for other states suggests that the penalties for noncompliance with youth access laws appear to be one of the most important determinants of compliance rates.

Recommendation for Increased Penalties

The Tobacco Evaluation and Review Board's Enforcement Committee continued its work in response to the 2006 RTI report and recommendations. The RTI report recommended that Vermont increase its penalty structure for sales to minors, to bring it into alignment with other high-compliance states. Vermont currently has one of the most lenient penalty structures for tobacco youth access violations. RTI concluded that the state's compliance rates would likely increase if retailers were fined for the first offense.

After additional analysis and research regarding the approaches used in other states and the enforcement experience in Vermont, the committee recommended to the Board that it support legislative amendments in 2009 to increase penalties for retailers that make sales of tobacco to minors, increase fines for minors that purchase or possess tobacco, and make certain related changes to prevent youth access to tobacco. The

[5] Farrelly et al, RTI International, *Assessing Vermont's Program to Restrict Youth Access to Tobacco Products*, April 2006.

Board voted to support the proposed legislation at its November 2008 meeting. The Board also recommended continued study of potential alternative penalties for minors who violate tobacco laws.

Tobacco Licensing

In 2008 the Legislature also adopted another measure recommended by RTI. H.149 provides that retail tobacco licenses are to be issued by DLC rather than individual towns. This system will improve the DLC database of retailers and increase the efficient utilization of DLC resources in accurately targeting its compliance checks of tobacco licensees.

Compliance Checks

The Department of Liquor Control submits an annual report to the Legislature on its compliance program for alcohol and tobacco sales. The key findings regarding tobacco control relate to the number of tobacco compliance checks conducted with licensees and the rate of compliance (Exhibit 25). Vermont has one of the highest rates of retailer compliance checks among the states. RTI has pointed out that Vermont's use of 17-year-old checkers is a more intensive check of compliance than other states.

Exhibit 25: Rate of Compliance with Tobacco Sales Laws among Licensees Checked

DLC Compliance Checks, 2000-2008		
Year	**# Checks**	**% Passed**
2000	1,320	77
2001	1,279	82
2002	1,086	86
2003	1,111	85
2004	1,614	89
2005	1,421	87
2006	1,523	88
FY2006	1,488	89
2007	1,434	87
FY2007	1,512	88
2008	1,436	89
FY2008	1,553	87

Retailer Training
The DLC trains over a thousand retail employees each year at seminars that address the laws for alcohol and tobacco licensees. A small percentage of these seminars were co-sponsored by community tobacco coalitions, which took responsibility for logistics, recruitment of attendees, and refreshments. Most of the time allocated in training seminars is directed toward alcohol-related laws.

Exhibit 26: Level of Training of Retail Clerks Who Passed and Who Failed Tobacco Compliance Checks, Calendar Year 2008

Level of Clerk Training	Number of Clerks	Passed (did not sell)	Failed (sold)	Compliancy Rate
Clerk trained by DLC	774	723	51	93%
Clerk trained by retailer	563	475	88	84%
Clerk not trained	99	73	26	74%

As noted in Exhibit 26, clerks trained by the DLC have a significantly higher rate of compliance with the law (93%) than clerks who are trained by their employers (84%) or are not yet trained (74%). Although it appears that the DLC-provided training is more effective than retailer-provided training at promoting compliance, the RTI report noted that the differences in compliance rate of DLC-trained clerks might be driven by underlying differences between retailers. Those retailers who are more willing to make serious efforts to comply with the law may also have been more likely to request the DLC-provided training.

Internet Sales of Tobacco Products
In 2008, the Attorney General's Office proposed a ban on the sale of tobacco products to Vermont consumers through delivery methods including the internet, telephone and mail order. The Board supported this legislation and Vermont's Act 119 passed during the 2007-2008 Legislative session. The internet prohibition will be an important aspect of the state's ongoing efforts to further reduce youth access to tobacco products.

IV. ROLE OF THE BOARD

RESPONSIBILITIES

The legislation that created the Vermont Tobacco Evaluation and Review Board (VTERB) requires the Board to meet at least quarterly. However, the Board tries to meet monthly. The full Board met in person on most months in FY2008. In addition, each of the five standing committees met as necessary. The greatest workload is undertaken by the Evaluation Committee. It meets frequently to review numerous draft documents and data that are the basis for assessing program activities and outcomes. All five committees – community and school programs, cessation services, enforcement, evaluation, and media and public education – convened throughout the summer as each considered program and budget recommendations for FY2010. See the Appendices for the list of Board members including terms of office.

The responsibilities of the Board, as detailed in the legislation, are substantial. They are listed below along with a brief summary of the Board's activities in 2008 to fulfill those responsibilities. Details about the Board's activities are provided throughout this report.

VTERB ACTIONS AND ACTIVITIES IN 2008

Evaluation

The Board selects and oversees the work of the independent evaluation contractor. The Board and VDH jointly establish the application process, criteria, and components for an independent evaluation.

Since February 2002 the Board has selected, through competitive bid processes, Research Triangle Institute (RTI) for the contracts for independent evaluation. The Evaluation Committee reviewed and approved the most current proposed work specifications in December 2007. The full Board voted on the recommendations of the Evaluation Committee to accept the proposal and enter into the contract with RTI at its January 2008 meeting. This contract with RTI began in July 2008 and will end in June, 2011. The Department of Health (VDH) and the Agency of Human Services developed a 2-year Memorandum of Understanding that placed oversight of and payments for this contract under the auspices of the Board's Administrative Staff.

Much of the data analysis included in this annual report is the product of RTI's work. However, a sizable portion is developed from the Adult Tobacco Survey which VDH administers through a contract and recently took on the role of producing the ATS Annual Report. The Evaluation Committee reviews draft documents, from RTI before finalize each report. Several Vermont State Agencies collect and manage the data for RTI analysis. These include the Vermont Department of Health, the Department of Education, the Department of Liquor Control (DLC) and the Department of Taxes.

Program Work Plan

The Board, in collaboration with the Department of Health, is required to prepare an annual plan covering two years, with goals for each component of the program, by the first of June.

Historically the administrator of the Tobacco Evaluation and Review Board and the Department of Health alternate the lead in year in facilitating this process. The *Vermont*

2008 & 2009 Tobacco Control Workplan launched a new simplified structure and was released in the fall of 2007 and updated in September 2008. Development of the *Vermont 2010 & 2011 Tobacco Control Workplan* will consider the following:

1. public meeting and local tobacco partners input
2. RTI report findings and recommendations
3. 2007 CDC Best Practices for Comprehensive Tobacco Control Programs
4. Sustainability and potential fund barriers for Vermont's Tobacco Control Program.

Public Meetings

The Board is required to hold at least two public meetings by September 15th of each year to receive public input for setting program priorities and budget.

In June, 2008, the Board hosted a public meeting through Vermont Interactive Television (VIT). The public could participate from all VIT locations. In August 2008, the public could send written comments to the Board via email, land mail, or fax. Both of these calls for comment were advertised in over one dozen local and regional newspapers, posted on both the VIT and VTERB websites, and communicated via emails to known partners and stakeholders. The public was invited to visit the Board's website to view various documents, such as the current tobacco control program budget and prior Board budget recommendations. Board members and the members of its five Committees reviewed the public comments received through these venues in order to develop budget recommendations as seen in this 2009 Annual Report.

Annual Budget

By October 1st of each year, the Board submits an independent budget recommendation for the tobacco control program to the Governor and Legislature.

The Vermont Tobacco Evaluation and Review Board recommends an increase of $1.4 million for a total of $6.7 million in tobacco control program funds for FY2010. This increase will be directed towards unmet needs that are important to improving health and reducing avoidable pressures on health budgets in concert with other health reform initiatives such as the Vermont Blueprint for Health. An overview of the Board's recommendation appears in Section V of this report. The Centers for Disease Control and Prevention (CDC) recommends that Vermont spend double the current tobacco control program budget. An overview of the CDC recommendation appears in the appendix of this report.

The Board understands that program funding increases may not be feasible in view of current challenges. Strong evidence shows that state tobacco control program expenditures are cost saving over time, however; a program budget reduction may jeopardize the health improvements achieved by these programs, and diminish future health care savings in Vermont.

Community-Based Programs

The Board collaborates with the Department of Health in defining the criteria for rating community coalition grant applications; and the Board reviews each grant application and recommends the grants to be funded to the Commissioner of Health.

As of FY2007, the tobacco community coalition grants may be renewed for one additional year subject to the availability of funds. All grants were renewed in FY2008. The Board reviewed the applications for the FY2009 grants and approved another 2-year cycle of funding - contingent on appropriations. In March of 2009 community coalitions will be required to submit work plans and budgets for FY2010. VDH will review and approve these plans and budgets and makes suggestions if work plans are inadequate or have activities that are not appropriate.

School-based Programs

The Board reviews and makes recommendations regarding the school-based activities funded by the tobacco control program.

The Board's independent evaluator, RTI, worked with the Department of Education tobacco use prevention program coordinator to develop and administer data collection methods to assess fidelity of tobacco curricula, and tobacco policy communication and enforcement in Vermont schools. Interviews, surveys, and document reviews were implemented. RTI is preparing a report and presentation that will inform the Board on future tobacco use prevention curricula and policy implementation recommendations.

Media and Public Education

The Board and Commissioner of Health jointly approve any final counter marketing campaign(s). The board also upon the advice of the Commissioner of Health, selects a contractor responsible for the counter marketing efforts managed by the Vermont Department of Health.

In FY2007, the Board agreed with the recommendation of the Commissioner of Health and voted to select Kelliher Samets Volk for the media and public education contract of approximately $1 million, renewable for up to two years. The contract was renewed in FY2008 and in FY2009.

The process for securing Board approval of media campaigns was refined by the Board and the Department of Health in FY2009. The process involves the following steps: 1) the Media & Public Education Committee first reviews a campaign overview, including a creative work plan (which details the objectives, the target group and the advertising strategy), proposed media and other tactics to be used, and television storyboards and/or radio scripts; 2) rough ads are created and shown, either in person or via e-mail or web, to the Media & Public Education Committee (if after the first meeting it is deemed necessary by the group); and 3) the ads, which have been tested with the target audience, are presented to the full Board for action on the committee's recommendation.

In February 2008, the Board approved the media campaign called *Correcting Misperceptions*. This goal of the campaign was reinforce anti-tobacco attitudes (social norms) and decrease the proportion of middle school students intending to initiate

smoking. In July 2008, the Board approved *Make Your World a Smoke-Free Zone*, a campaign designed to increase awareness that secondhand smoke is harmful in order to increase the proportion of smokers (and recent quitters) in households with children, who ban smoking in the home and car. In October 2008, the Board approved "*Your Quit. Your Way."* - a campaign created to increase the percentage of quit attempts and increase use of Vermont Quit Network services among 25-34 year-olds who identify as wanting to quit on their own (without using counseling).

Enforcement

The Board reviews and makes recommendations to the Department of Liquor Control regarding their activities to ensure compliance with state law regarding tobacco sales to minors.

DLC is charged with enforcement of state laws prohibiting sales of tobacco products to minors. In 1997 the Legislature enacted Act 58, requiring DLC to conduct or contract for compliance testing "as necessary to assure consistent statewide compliance with the prohibition on sales to minors of at least 90 percent for 17-year-old buyers."

Since 1999, Vermont has not achieved the 90% tobacco retailer compliance rate required by Act 58. In May 2007, the Board adopted a resolution to continue Vermont's enforcement program to prevent retail sales of tobacco to minors, and develop and support evidence-based means of further improving retail compliance rates. In order to improve the compliance rates of Vermont's tobacco retailers, the Board voted in 2008 to recommend to the Legislature that the penalties to tobacco licensees for sales to minors and failed compliance checks, and to minors for violations of laws prohibiting their purchase, use, and possession of tobacco, should be increased and the statutes amended.

Coordination

The legislation calls for the Board to propose to the Department of Health strategies for program coordination and collaboration across state agencies, nonprofit organizations, health providers, and other anti-tobacco groups.

The Board was initially the catalyst for efforts to increase the coordination across the components of the comprehensive tobacco control program and enhance the collaboration among the Departments of Health, Education, and Liquor Control. The Board members' commitment to monthly meetings and sub-committee meetings has also supported coordination efforts. One outcome of this effort includes participation of over 120 tobacco control grantees, contractors, state agencies, and stakeholders who participated in the statewide tobacco control partners meeting in September 2008. This annual meeting provides time to discuss shared work, expand on work plan objectives and improve collaboration.

Annual Report

By January 15th of each year, the Board is required to submit to the Governor and the Legislature a report that addresses the following: Board's activities, financial reports of the Board and the three departments, recommended program budget, explanation of outcomes of programs, and (beginning with the 2003 report) the results of the independent program evaluation.

V. TOBACCO EVALUATION AND REVIEW BOARD RECOMMENDATIONS

LEGISLATION FY2010:

Funding for the Tobacco Control Program

In 2008, the Tobacco Evaluation and Review Board reviewed evaluative data and developed plans to increase progress towards Vermont's tobacco use reduction goals. In October 2008, the Board recommended an increase of $1.4 million for a total of $6.7 million in program funds for FY2010 to implement these plans; the Board also addressed several important policy issues. The Board understands that program funding increases may not be feasible in view of current challenges. Strong evidence shows that state tobacco control program expenditures are cost saving over time, however; a program budget reduction may jeopardize the health improvements achieved by these programs, and diminish future health care savings in Vermont.

In October 2007, the Centers for Disease Control and Prevention (CDC) updated its 1999 *Best Practices for Comprehensive Tobacco Control Programs.* It recommends that Vermont spend $10.4 million on the statewide comprehensive tobacco control program. According to the CDC, research shows that the more states spend on comprehensive tobacco control programs, the greater the reduction in smoking. The longer states invest in such programs, the greater and faster the impact. States that invest more fully in comprehensive tobacco control programs have seen cigarette sales drop more than twice as much as in the United States as a whole, and smoking prevalence among adults and youth has declined faster as spending for tobacco control programs has increased. The Board's full FY2010 program and budget recommendations are contained in this Annual Report on page 63.

Maintain planned investments in the Tobacco Trust Fund to meet future program needs.

In the Board's 2008 Annual Report, the Board recommended that money from the annual Master Settlement Agreement (MSA) should be appropriated to the Tobacco Trust Fund to develop a long-term sustainable source of support for the tobacco control program that is not dependent on the tobacco industry. This is consistent with the recommendation by the Vermont Tobacco Task Force, created by the Legislature and the Governor in 1999 and charged with developing a comprehensive plan for use of the MSA funds.

In calendar year 2008, budget rescissions and other legislative decisions reduced the trust fund balance significantly. In response, the Board developed the following statement concerning the Tobacco Trust Fund:

"The Vermont Tobacco Evaluation and Review Board (VTERB) opposes diversion of funds from the Tobacco Trust Fund to meet other State needs because of the risk such actions pose to long-term funding of the State's comprehensive tobacco control program. This risk is amplified by the lack of contributions to the Fund in recent years.

"The Tobacco Trust Fund was established by the Legislature to create a self-sustaining source of support for the State's tobacco prevention and cessation programs which is

not dependent on tobacco sales volume (18 V.S.A., section 9502). Tobacco use is the single most important cause of preventable disease and early death in the United States. Support for Vermont's comprehensive tobacco control programs has a positive impact on the well-being of the State because of the significant amounts of serious diseases prevented and health costs averted due to reduced tobacco use. Long-term support for these programs should not be compromised in response to short term fiscal issues. The Board urges policy makers to consider the overall health and economic interests of Vermonters and seek more sustainable sources to meet the State's current needs.

"The VTERB is an independent Board established by and accountable to the Legislature for evaluation and review and recommendation of funding levels for tobacco prevention, cessation, and control programs supported by the State of Vermont."

Amend statutes to increase penalties to tobacco licensees for sales to minors and failed compliance checks. Increase penalties to minors for violations of tobacco laws.

The Board recommends to the Legislature that as part of the state's tobacco control program, in order to further improve the compliance rates of Vermont's tobacco retailers with regard to sales of tobacco to minors, the penalties to tobacco licensees for sales to minors and failed compliance checks, and to minors for violations of laws prohibiting their purchase, use, and possession of tobacco, should be increased and the statutes amended, as follows:

(a) The current statutory provision for a "warning only" for a first failure on a compliance check should be eliminated, and a $100 fine be authorized for a first violation;
(b) The time period during which sales are counted for purposes of determining multiple violations should be changed to three years for determinations of license suspensions as well as fines;
(c) "Attempted purchase" of tobacco products by a minor should be prohibited; and
(d) Fines should be increased to $100 for a minor who possesses, attempts to purchase, purchases, or misrepresents his or her age in attempting to purchase or purchasing tobacco products.

The Board will be developing further recommendations to the Legislature regarding additional alternative penalties for minors who violate statutes prohibiting their possession, attempted purchase or purchase of tobacco products.

Amend statutes to completely ban smoking in all Vermont workplaces.

The Board reaffirmed its prior position supporting strengthening the smoke free workplace act by prohibiting smoking in all indoor workplaces (as follows):
Develop model legislation for a complete ban of smoking in all Vermont workplaces. There is an exception in the Smoking in the Workplace Law (Title 18, Chapter 28, §1422 – 1424) that allows smoking in designated unenclosed smoking areas. The Board recommends developing model legislation to provide a smoke-free workplace for all Vermont employees.

Increase excise taxes for cigarettes and other tobacco products.

Public policies that increase the unit price of tobacco products through excise taxes are among the most effective methods available to reduce tobacco use. An abundance of evidence has demonstrated that an increase in excise tax decreases initiation of tobacco use by young people, increases cessation of tobacco use by smokers, and decreases the overall consumption of tobacco in the population. These reductions in tobacco use will have a beneficial impact on the health of the public and on health care costs. Based on this evidence, the Tobacco Evaluation and Review Board supports increases in the cigarette excise tax to reduce cigarette smoking initiation and prevalence, and excise taxes that are likely to achieve equivalent effects on use of other tobacco products.

Vermont Tobacco Evaluation and Review Board

Vermont Agency of Human Services • 103 South Main Street • Waterbury, VT 05671
Tel: 802-241-2555 • Fax: 802-241-2979 • Email: tobaccoboard@ahs.state.vt.us

TO: The Honorable Governor James H. Douglas
Senate Appropriations Committee
House Appropriations Committee
Joint Fiscal Committee

FROM: Brian S. Flynn, ScD, Chair

DATE: October 1, 2008

RE: FY2010 Budget Recommendation for the Tobacco Control Program
(Section 271 of Act 152 (2000), 18 V.S.A. chapter 225, s.9505(9))

Tobacco use continues to be the most important *preventable* cause of disease and death, costing Vermont over $233 million per year for health care, $66 million of which are Medicaid expenditures. The board recommends an FY2010 budget of $6,669,216 for the tobacco control program. This increase of $1,444,269 from FY2009 will be directed towards unmet needs that are important to improving health and reducing avoidable pressures on health budgets in concert with other health reform initiatives.

Decreases in Vermont's adult smoking rate to 18% and youth smoking to 16% are encouraging evidence that our comprehensive tobacco control program, smoke-free laws, and tobacco tax increases have had a positive impact. The comprehensive program has made a significant independent contribution to these changes according to the boards' independent evaluator. States with similar but longer term tobacco control programs have documented cost-savings from reductions in tobacco-related chronic diseases. California saved $86 billion in health care costs, while the state spent $1.8 billion on its tobacco control program in 1989-2004, a 50 to 1 return on investment.

Although current trends are positive, Vermont will not reach its goal of reducing adult smoking to 11% by 2010, and is falling short of realizing significant achievable benefits. Achieving Vermont's 2010 goals could have saved the state $14 million each year from reduced Medicaid costs alone. There are still 88,000 adults who smoke including 30% of low-income Vermonters, and 44% of those with moderate or severe depression. These citizens are among those who will benefit from improvements in tobacco control programs as outlined in our program and budget recommendations.

Vermont has appropriated a majority of its annual Master Settlement Agreement (MSA) payments to Medicaid and a smaller portion to the tobacco control program since 2001. In the current fiscal year only 13.1% of MSA and Strategic payments are directed to tobacco control. This represents a per capita investment substantially below that recommended based on successful programs in other states. The investments proposed in the attached recommendations can extend benefits already achieved by this program.

Thank you for your consideration of these requests. Please let me know if you would like additional information.

FY09 Budget	FY 10 Recommend (increase)	Exhibit 27: Vermont Tobacco Evaluation and Review Board FY2010 Budget Recommendation **Need**
		Department of Health
$1,400,211	**$1,779,150 (+$378,939)**	**Tobacco Cessation Programs - Helping Smokers Quit:** **Increase Access` to Nicotine Replacement Therapy ($364,000):** Smokers who use nicotine replacement therapy (NRT) to help them quit have twice the success rate of smokers who do not use NRT. The FY09 budget is $289,000 and more funding is needed to provide free NRT to smokers ready to quit. **Increase Access to Quit Smoking Services for High Priority Populations ($290,000):** The adult smoking rate in Vermont was 18% in 2007. However, there are special populations of Vermonters with higher smoking rates including pregnant women (19.7%), low income (30%) and people with moderate or severe depression (44%). Funding would be allocated to mental health & substance abuse centers ($200,000), Federally Qualified Health Centers ($30,000), Vermont Clinics for the Uninsured ($30,000), and ScoreHealth ($30,000) to refer clients to the free quit smoking programs. **Quit Smoking Programs ($1,115,150):** To continue free quit smoking programs including hospital-based counseling ($742,000), phone counseling ($156,000), web-based support ($60,000), the N-O-T teen quit smoking program ($82,150) and other cessation programs ($75,000). **Health Systems Change ($10,000):** To continue participation in a coalition of states working to promote physician referral of smokers to cessation programs.
$1,023,624	**$1,274,317 (+$250,693)**	**Community-based Programs:** **Community Coalitions** (**$1,074,317**): To raise base of the coalition funding to account for cost of living and business expenses by 5%. **Youth Activism Program ($100,000):** To award grants and offer training to Our Voices Exposed (OVX) teams to engage youth in leadership and advocacy roles among their peer group, within the community, and to assist with persuading peers to remain tobacco free during their later high school years. Among twelve grade students, 25 percent smoke compared to 7 percent of eighth grade students who smoke. The overall smoking rate among youth in grades 8 through 12 is 16%. **Local Health Office (LHO) Personnel ($100,000):** To fund personnel costs for LHO chronic disease prevention designees who collaborate with the tobacco, substance abuse and other community coalitions to identify ways to partner in reducing tobacco and other substance use, increase physical activity, and improve nutrition.
$1,007,799	**$1,466,650 (+$458,851)**	**Media & Public Education:** **Preventing Youth from Starting to Smoke ($585,000):** Increase the reach, frequency and duration of media campaigns, targeting youth both 10-13 and 14-17 in a single year. Integrate youth-appropriate non-traditional media, like web and social networks

		into campaign tactics. The current budget allows for emphasis on only one age group per year. **Helping Smokers to Quit ($676,650):** To increase awareness of free quit smoking resources from the Vermont Quit Network including phone and hospital counseling, online support, free nicotine replacement and tools for independent quitters. Increase the use of innovative channels to target specific audiences, like personal communications devices and online networking environments. **Reducing Exposure to Secondhand Smoke ($155,000):** To provide additional media and community educational materials to increase the percentage of Vermont adult smokers who prohibit smoking in their homes and cars, and create smoke-free zones outdoors. **Contingency Planning ($50,000):** For consumer message testing for campaign planning and unexpected opportunities.
$75,000	**$75,000** **(+$0)**	**Statewide Provider Education:** To expand the current pilot program to healthcare providers to: • educate them about Vermont's free quit smoking services. • establish office systems to identify smoking status of each patient at every visit. • give free NRT to patients who smoke and choose to quit on their own.
$333,000	**$533,309** **(+$200,309)**	**Surveillance and Evaluation:** **Focus Group ($50,000) and Adult Longitudinal Survey ($100,000):** To understand why or why not smokers choose group counseling. To develop new methods to increase quit attempts and treatment seeking. **Media Tracking ($115,000):** To better understand media penetration by conducting surveys in waves proximate to media campaigns. **Hospital Counseling Data ($35,000):** To continue hospital-based counseling program data collection. **Independent Evaluation Contract ($233,309):** To continue independent program evaluation as mandated by Vermont statute.
$3,839,634	**$5,128,426** **(+$1,288,792)**	**Total: Department of Health**
		Department of Education
$995,668	**$1,061,007** **(+$65,339)**	**School Grants and technical assistance ($989,007):** To continue grants and technical assistance to supervisory unions to implement model tobacco prevention programs. **National Health Education Assessment ($50,000):** The Department of Education has implemented tobacco prevention curricula but has not had sufficient funds to evaluate their effectiveness. With more funding, the department will implement pilot projects in 5-10 supervisory unions to evaluate tobacco prevention curricula.

		Library Management Program ($5,000): To move to an on-line ordering and tracking system to allow for the continued existence of the leading library, which would further the goals of the Tobacco Control Work Plan by ensuring that evidence-based tobacco prevention curricula and cessation materials could be checked out and utilized and reviewed by educators, and that tobacco prevention and cessation resources and visuals can be accessed by school and community members to assist in the support of annual common theme campaigns. **HEAP (Health Education Assessment Project) Membership for Vermont DOE ($17,000):** Participation in this project provides a practical way to increase assessment literacy by providing the professional development and mentoring. Specifically, this would further the goals of the Tobacco Control Work Plan by ensuring that health educators, school counselors, nurses and SAPs teaching the five evidence-based curricula have the adequate skills necessary to assess student learning and skills acquisition.
		Department of Liquor Control
$289,645	**$379,783** **(+$90,138)**	**Expand Enforcement Oversight ($90,138):** To fund a full-time tobacco only investigator to enable DLC to expand its enforcement to: • conduct regular inspections of retail tobacco licensees and wholesalers for compliance including fire-safe cigarettes, tax stamps and clean indoor air law. • investigate smuggling of cigarettes and tobacco products. • perform compliance checks regarding sales by internet cigarette and tobacco sellers. • work special details at schools and problem areas to enforce youth tobacco laws. • assist in recruiting minors for compliance checks. • address other tobacco-related enforcement issues as they arise. **Retailer Training and Compliance Checks ($289,645):** To continue training retail tobacco licensees and their employees and implement compliance checks for underage tobacco sales as required by statute.
		Tobacco Evaluation and Review Board (Agency of Human Services)
$100,000	**$100,000** **(+$0)**	**Board Support ($100,000):** To continue funding one full-time staff, administrative support, benefits, meetings, materials, supplies, staff and board member travel, board member per diem, etc. as directed by statute.
$5,224,947	**$6,669,216** **(+$1,444,269)**	**Total: Tobacco Control Program**

VI. FINANCIAL REPORTS

The Board is required to include in its annual report "a full financial report of the activities of the departments of health, education, liquor control, and the Board, including a special accounting of all activities from July 1 through December 31 of the year preceding the legislative session during which the report is submitted."

Exhibit 28: Vermont Tobacco Evaluation & Review Board Expenditures July - December 2008

Expense	Amount
Exempt	$ 28,923.21
FICA - Exempt	$ 2,125.65
Health Ins - Exempt	$ 4,563.24
Retirement - Exempt	$ 2,476.39
Dental - Exempt	$ 286.39
Life Ins - Exempt	$ 112.94
LTD - Exempt	$ 72.70
EAP - Exempt	$ 13.92
Per Diem	$ 962.38
Other Pers Serv	$ 1,436.85
Transcripts	$ 210.00
Rental - Auto	$ 31.09
Telecom-Telephone Service	$ 269.55
Telecom-Video Conferencing Svc	$ 630.00
Telecom-Wireless Phone Service	$ 143.97
IT Inter Svc Cost DII Other	$ 135.00
IT Inter Svc Cost DII Telephon	$ 168.53
Advertising - Print	$ 1,872.11
Registration for Meetings&Conf	$ 10.00
Postage-BGS Postal Svcs Only	$ 38.48
Freight & Express Mail	$ 27.46
Travel-Inst-Auto Mileage-Emp	$ 221.96
Travel-Inst-Auto Mileage-Emp	$ 1,017.64
Travel-Inst-Other Transp-Emp	$ 18.00
Travel-Inst-Meals-Emp	$ 246.00
Travel-Inst-Incidentals-Emp	$ 23.00
Travel-Inst-Meals-Nonemp	$ 6.00
Travel-Outst-Other Trans-Emp	$ 684.99
Travel-Outst-Incidentals-Emp	$ 30.00
Moving State Agencies	$ 130.00
Office Supplies	$ 636.18
Hardware-Other Info Technology	$ 274.38
Total Expenses First Half of FY2009	**$ 47,798.01**
Appropriation FY2009	**$ 100,000.00**

Exhibit 29: Department of Health Tobacco Control Program Expenditures July - December 2008

Vermont Department of Health

Tobacco Control Program Expenditures July - December 2008

	SUMMARY				
CDC	Tobacco Control	39621			$ 485,286
MSA	Tobacco Settlement	39627-39631			$ 2,252,526
	TOTAL-All programs				**$ 2,737,812**
	DETAIL BY PROGRAM				
CDC	Tobacco Control	39621	Salaries		$ 233,975
			Fringe		$ 83,442
			Contracts		$ 20,100
			Grants		$ 142,362
			Operating		$ 5,407
				TOTAL	**$ 485,286**
MSA	Tobacco Community-Based	39627	Grants	TOTAL	**$ 918,905**
MSA	Tobacco Countermarketing	39628	Contracts	TOTAL	**$ 239,704**
MSA	Tobacco Cessation	39629	Contracts		$ 84,162
			Grants		$ 687,625
				TOTAL	**$ 771,787**
MSA	Tobacco Statewide Healthcare Provider	39630	Contracts	TOTAL	**$ 17,943**
MSA	Tobacco Surveillance & Evaluation	39631	Contract	TOTAL	$ 70,878
			Transfer to AHS		$ 233,309
				TOTAL	**$ 304,187**
	TOTAL - All programs				**$ 2,737,812**

CDC= Centers for Disease Control and Prevention 9 month grant extension running from July 1, 2008 0 March 29, 2009

MSA= Master Settlement Agreement

Exhibit 30: Department of Liquor Control Tobacco Control Program Expenditures July - December 2008

Department of Liquor Control Settlement Funds		
Expenditures, July 1, 2008 - December 31, 2008		
Appropriation - FY2009		**289,645.00**
Education:		
Personnel Services	129,939.25	
Operating Expenses	18,082.36	
Total		**148,021.61**
Tobacco Compliance:		
Personnel Services	11,268.78	
Operating Expenses	6,938.99	
Total		**18,207.77**
Total Expended (first half FY2009)		**166,229.38**
Remaining Balance		**123,415.62**

Exhibit 31: Department of Education Tobacco Control Program Expenditures July - December 2008

Department of Education Settlement Funds			
Expenditures, July 1, 2008 - December 31, 2008			
	Expended 7/1/08 - 12/31/08	Estimated Expend. 1/1/09 - 6/30/09	Estimated Total FY 2009
Personal Services	59,310.51	102,927.31	162,237.82
Operating Expenses	9,118.09	56,230.51	65,348.60
Grants	235,848.73	525,335.27	761,184.00
Totals	304,277.33	684,493.09	988,770.42

APPENDICES

APPENDIX 1

Vermont Tobacco Evaluation & Review Board: Members and Terms of Office

APPENDIX 2

Vermont Tobacco Control Budget Recommendation: *Best Practices for Comprehensive Tobacco Control Programs,* the Centers for Disease Control and Prevention, October 2007

APPENDIX 3

Smoking Rates in Vermont, By Age and Specific Populations

APPENDIX 4

Our Voices Exposed (OVX) and Vermont Kids Against Tobacco (VKAT) grants

APPENDIX 1

Vermont Tobacco Evaluation and Review Board Members

Member	Appointment Criteria & Term
Chair 2008– 2010: **Brian S. Flynn, ScD** University of Vermont	Countermarketing expert Appointed by the Governor Term expires: 2010
Vice-Chair: **Theodore Marcy, MD, MPH** University of Vermont	Tobacco use researcher Appointed by the Governor Term expires: 2010
Donnamarie Carey Montpelier	Educator (K-12) – prevention education Appointed by the Governor Term expires: 2011
Senator Sara Kittell Fairfield	Vermont Senate Appointed by Senate Cmte on Cmtes Term expires: 2010
Ryan Krushenick Burlington	Person under age 30 Appointed by Speaker of the House Term expires: 2009
Gregory MacDonald, MD Berlin	Health care community representative Appointed by the Governor Term expires: 2009
Representative Patsy French Randolph	Vermont House of Representatives Appointed by Speaker of the House Term expires: 2009
Amy Brewer Franklin Grand Isle Tobacco Prevention Coalition	Non-profit anti-tobacco organization Appointed by the Speaker of the House Term expires: 2009
Edna Fairbanks Williams Fairhaven	Low income community representative Appointed by Senate Cmte on Cmtes Term expires: 2009
Teresa Leyro Burlington	Person under age 30 Appointed by Senate Cmte on Cmtes Term expires: 2011
Ex officio Members	
Wendy S. Davis, MD	Commissioner of Health
Armando Vilaseca	Commissioner of Education
Michael J. Hogan	Commissioner of Liquor Control
William H. Sorrell	Vermont Attorney General
Staff	
Stephen Morabito	Administrator

Vermont

Recommended Program Intervention Budgets **October 2007**

CDC Recommended Annual Investment $10.4 million

Deaths in Vermont Caused by Smoking	
Annual average smoking-attributable deaths	900
Youth ages 0-17 projected to die from smoking	12,000
Annual Costs Incurred in Vermont from Smoking	
Total medical	$233 million
Medicaid medical	$72 million
Lost productivity from premature death	$197 million
State Revenue from Tobacco Excise Taxes and Settlement	
FY 2006 tobacco tax revenue	$48.9 million
FY 2006 tobacco settlement payment	$24.0 million
Total state revenue from tobacco excise taxes and settlement	$72.9 million
Percent tobacco revenue to fund at CDC recommended level	**14%**

		Per Capita Recommendation
I.	**State and Community Interventions** Multiple societal resources working together have the greatest long-term population impact.	**$7.39**
II.	**Health Communication Interventions** Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	**$3.74**
III.	**Cessation Interventions** Tobacco use treatment is highly cost-effective.	**$3.43**
IV.	**Surveillance and Evaluation** Publicly financed programs should be accountable and demonstrate effectiveness.	**$1.46**
V.	**Administration and Management** Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	**$0.73**
	Total	**$16.75**

Note: A justification for each program element and the rationale for the budget estimates are provided in Section A. The funding estimates presented are based on adjustments for changes in population and inflation since the 1999 publication. The recommended levels of investment (per capita and total) are presented in 2007 dollars using 2006 population estimates. These should be updated annually according to the U.S. Department of Labor Consumer Price Index and U.S. Census Bureau. The actual funding required for implementing programs will vary depending on state characteristics such as tobacco use prevalence, socio-demographic factors, and other factors. See Appendix E for data sources on deaths, costs, revenue and state-specific factors.

Office on Smoking and Health • Centers for Disease Control and Prevention
www.cdc.gov/tobacco • tobaccoinfo@cdc.gov • 1 (800) CDC INFO or 1 (800) 232-4636

APPENDIX 3

Smoking Rates in Vermont

Adult Smoking Rates, By Age[6]

Year	18-24	25-34	35-44	45-54	55-64	65+	All: 18+	Smokers
2001	35%	27%	25%	21%	17%	10%	22.4%	102,900
2002	34	27	24	21	15	8	21.1	98,500
2003	30	25	21	21	15	7	19.5	92,500
2004	29	26	21	21	15	8	20.0	96,000
2005	24	25	23	20	16	7	19.3	93,700
2006	27	22	22	19	14	7	18.0	88,100
2007	27	25	18	18	13	7	17.6	86,700
2010 Goal:							11%	

Smoking Rates for Specific Populations

	Most recent data
Adults living below 125% of Federal Poverty Limit (FPL)	36%[7]
Pregnant women	19%[8]
Moderate or severe depression (past 14 days)	44%[9]

Youth Smoking Rates, By Grade[10]

Year	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade	All	Smokers
1999	22%	25%	33%	36%	42%	31%	12,000
2001	13	16	22	27	30	22%	8,400
2003	11	15	19	23	33	20%	7,900
2005	8	14	16	20	23	16%	6,400
2007	7	12	17	19	25	16%	6,400
2010 Goal:						15%	

[6] Behavioral Risk Factor Surveillance Survey (BRFSS, 2001-2007)
[7] BRFSS, 2007
[8] Vermont Birth Certificate Data, 2005
[9] BRFSS, 2007
[10] Youth Risk Behavioral Survey

APPENDIX 4
Vermont Kids Against Tobacco (VKAT) Sites by County (CDC funds), FY2009

VKAT Sites	Grant FY2009
Addison County	
Orwell Village School	$850
Vergennes Middle School	$850
Bennington County	
Arlington Memorial High School	$850
Caledonia County	
Lyndon Town School	$850
Peacham Elementary School	$850
Sutton School	$850
Waterford School	$850
Chittenden County	
Brown's River Middle School	$850
Camel's Hump Middle School	$850
Charlotte Central School	$850
Christ the King	$850
Edmunds Middle School	$850
Essex CHIPS	$850
Frederick H. Tuttle Middle School	$850
Hinesburg Community School	$850
Lyman C Hunt Middle School	$850
Mater Christi School	$850
Milton Elementary School	$850
Shelburne Community School	$850
Williston Central School	$850
Winooski Middle School	$850
Essex County	
Concord School	$850
Franklin County and Grand Isle County	
Bakersfield Elementary School	$850
Berkshire Elementary	$850
Enosburg Falls Middle School	$850
Fairfield Central School	$850
Folsom Education & Community Center	$850
Franklin Central School	$850
North Hero Elementary School	$850
Sheldon School	$850
Montgomery Elementary School	$850
Richford Elementary School	$850
St. Albans City	$850
St. Albans Town	$850
Swanton Central School	$850
Orleans County	
Albany Community School	$850
Craftsbury Academy	$850

VKAT Sites	Grant FY2009
Lakeview Union School	$850
Rutland County	
Boys and Girls Club of Rutland County	$850
Castleton Village School	$850
Mount Holly Elementary School	$850
Proctor Junior High Peer Leaders	$850
Washington County	
Cabot School	$850
Windham County School	
The Collaborative	$850
Twin Valley Middle School	$850
Windsor County	
Green Mountain Union High School	$850
Hartford Memorial Middle School	$850
Ludlow Elementary School	$850
Springfield School District	$850
Weathersfield School	$850
Woodstock Union Middle School	$850
Total VKAT Grants	**$43,350.00**

Our Voices Xposed (OVX) Sites by County*, FY2009 (CDC funds)
* Some grantees serve town(s) in additional counties

OVX Sites	GRANT FY2009
Addison County	
Middlebury Union High School	Carry-over
Bennington County	
The Collaborative	$3,000
Chittenden County	
Boys & Girls Club of Burlington	$1,000
Mount Mansfield Union High School	$3,000
Essex CHIPS	$3,000
Burlington High School	$2,000
Franklin County	
Common Ground Youth Center	$1,500
Enosburg High School	$3,000
Rutland County	
Boys and Girls Club of Rutland	$3,000
Windsor County	
Black River Area Community Coalition	$2,000
Rochester High School	$2,500
Woodstock Union High School	$1,500
TOTAL OVX GRANTS	**$ 25,500**

Vermont Tobacco Evaluation and Review Board

Administrator: Stephen Morabito
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